

CHILD STUDY

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HEADLINES

A new article by Anna Freud is an event, and CHILD STUDY takes pride in presenting to our readers in this issue "Nursery School Education—Its Uses and Dangers." This important paper was written especially for our Association, of which Miss Freud is an old and treasured friend. It is the summing up of many years' study of pre-school children, and especially of her remarkable work in the Hampstead Day Nurseries in London during the war. This work, with children of bombed-out families, offered unusual opportunity for observation and there is no doubt that important new thinking on nursery school education will result. Believing that our readers would welcome a paper directed perhaps more toward a professional audience than toward the average reader, we are printing "Nursery School Education—Its Uses and Dangers" just as Miss Freud wrote it.

Miss Freud, daughter of Sigmund Freud, is a well-known psychologist in her own right. She was until 1938 a member of the Vienna Psycho-Analytical Society and Chairman of the Institute of Psycho-Analysis in Vienna, where she also organized the Jackson Experimental Day Nursery. Since 1938 she has been a member of the British Psycho-Analytical Society and of the London Institute of Psycho-Analysis. Among her published writings are "The Psycho-Analytical Treatment of Children," "Introduction to Psycho-Analysis for Teachers," "The Ego and Mechanisms of Defence," and, in collaboration with Dorothy Burlingham, "Young Children in War-Time" and "Infants Without Families."

Miss Freud lives in London, where she is now practicing and is also training psychotherapists.

"Perennial Concerns of Parents" is the topic discussed by the speakers at our Annual Conference this March. The summer issue of CHILD STUDY, appearing in June, will publish some of the Conference papers on the problems of discipline and character development.

A Sensible Approach to Psychiatry

Does the question "What Can Psychiatry Offer My Child?" imply that each of our children should have direct psychiatric help? Far from it! Most children can develop happily through childhood to emotional maturity with only such help as is given them by a background of family solidarity, love in unlimited quantity and sensible guidance from sensible parents.

But one reason for this possibility is that the findings of psychiatry are a constant, though often unrecognized, force in the child's world. If the parent or teacher of today can accept that it is normal for a child at one period to be closer to one parent and later closer to the other, to resent the existence of a small brother or sister, to explode with frustrated rage, to go through a "gang" period, to want to pull away from home ties at adolescence, then this acceptance is in large part due to psychiatric thought disseminated through the many channels of education, including the popular press.

Moreover, if children today have better written books, more flexible and lively school programs, easier introduction to music and the arts, more opportunity to express themselves in a variety of ways, it is largely because of the contributions made to these fields by psychology and psychiatry.

True, psychiatry is a young art and is still suffering growing pains. This fact raises problems for parents. The mother of a few years ago who made the swing from the rigid habit training of behaviorism to a relation with her child in which permissiveness ruled, had handsprings to turn which must have been upsetting to her and her growing family. Now, as the emphasis shifts from unlimited permissiveness to freedom through control, she again has new adjustments to make.

But change in technique is not peculiar to psychiatry. The mother meets similar changes in the physician's recommendations about the child's diet or the orthodontist's plans for his teeth. The wise parent learns not to go overboard with any new technical development related to her child's well-being but to weigh the seeming soundness of the new theory and to consider the authoritativeness of its source.

There, of course, are times when "normal deviations from the normal" are more than an anxious parent can take; homes where difficult relationships, illness, or other untoward situations create a special problem for the children, or for a particular child; cases where some known or unknown factor creates a behavior problem which seems not to be within the normal range. Fortunately, these instances are the exception rather than the rule. Fortunately, too, psychiatry is at hand when needed in such cases.

As parents grow in wisdom they will learn to trust their own expanding knowledge of how human beings are motivated and of how children grow, in handling the normal developmental problems of their family. They will neither magnify problems in relation to children nor become impatient for quick solutions. They will not rush impulsively for psychiatric help, but will cultivate perceptiveness about themselves in relation to their children.

On the other hand, when there is real cause for worry, when problems do not improve in a reasonable time or seem to worsen, parents will not be afraid to seek skilled help in whatever form it is offered; they will not be afraid of being criticized for turning to psychiatry when it is needed; and they will recognize that in the field of emotional health, specialists are as important to normal development as in other fields of medicine.

THE EDITORS

Nursery School Education—Its Uses and Dangers

ANNA FREUD

THE opportunities for pre-school community life and pre-school community education have slowly but steadily increased in the period between the two world wars and have multiplied many times from 1939 onwards. This development has taken place almost exclusively in the big cities and in industrial centers; little of it has extended to smaller provincial towns or to rural areas.

Pre-school community education is varied in its *form and organization*. Some untrained mothers in a neighborhood set up play-groups where they take turns in supervising the activities of their children for a few hours daily. Some trained nursery-school teachers organize small kindergartens as their private venture. Some charitable organizations maintain nurseries for children with difficult family backgrounds or with behavior problems. Some city authorities establish crèches and day-nurseries which receive infants between birth and school-age. Some elementary schools open nursery-classes for children from two and one-half or three years upwards. Some experimental and co-educational private schools consider a nursery department of their own as an essential factor in their educational program since progressive teaching methods depend for their success on being introduced into the child's life at an early stage, before intellectual development and pleasure in work may have been inhibited by too conventional handling.

The *methods* used in these various pre-school establishments differ at least as much as their forms of organization. Certain types of kindergarten lay emphasis on the formal group teaching of simple handicrafts, the memorizing of songs and nursery rhymes, group play and simple group games. Others reject the idea that children at this early stage should mainly function as parts of a larger unit; they stress the need to let each child develop his skills and interests on the basis of his individual inclinations and abilities and merely provide the educational materials which are best suited for this purpose. Some nurseries severely restrict the child's freedom of movement, the manifestations of his aggressive urges, moods and tempers.

Others provide the maximum bodily outlet in organized or free outdoor activities and arrange for emotional outlets in phantasy games, dramatic plays, etc. Some nurseries include feeding, washing, potting and afternoon naps in their program. Others confine themselves to those pursuits which resemble later school life and give only the inevitable minimum of the bodily care which they regard as the province of the mother.

In one way or other the pre-school child is thus offered shelter, company, supervision, entertainment, occupation and education. This lessens many of the difficulties which are inherent in the upbringing of young children. It also creates certain new problems of a kind which the average young mother does not find easy to solve.

One of the most outstanding facts about the pre-school education of all countries is its invariably *non-obligatory, optional* character. Even where the school authorities play their part in providing for pre-school education, they give little or no guidance to parents as to the use which they should make of it. The doubts and uncertainties which confront parents in this respect are manifold. They ask themselves whether it is of noticeable advantage for a child's success in later school life if he is placed as early as possible under the guidance of trained people who can direct and develop his activities in systematic ways; whether adaptation to community life will proceed more smoothly later if the first five years are not spent exclusively in the mother's care and in the sometimes very small family circle. They wonder whether experience shows that an early entry into group life will lessen the child's tendency to be egoistic and self-centered in his demands and develop his abilities for democratic sharing, altruistic behavior or leadership of others; or whether early exposure to the aggressive attitudes of his contemporaries will shake the confidence of the toddler and create feelings of insecurity and inferiority. Will the child feel rejected by the mother if he is sent to nursery school too early, especially if such a step is taken soon after

the birth of another child? Is it harmful to the bodily health and mental equilibrium of the infant if his daily routine is divided between the home and the crèche, or nursery, where the regimen of feeding, sleeping, handling, etc., is different? Should such early daily separations from the mother be contemplated only where the mother is at work and her care not available during daytime in any case?

Similar uncertainties may beset the parents' minds when their child reaches school age. Then, too, they may wonder whether he has reached a state of sufficient maturity and independence to hold his own in competition with his classmates. Many parents feel apprehensive when their children mix for the first time with others from different social, moral or religious backgrounds. They fear the effect of sexual information given by schoolmates, the learning of "bad" language or the seduction to "rude" play and manners. They are doubtful whether their authority will be backed up by that of the teacher or weakened by the new influences which are brought to bear on the child.

Numerous as these uncertainties may be, however, the parents of school children are at least spared the necessity of making up their own minds. A firm lead is given by the law which fixes the age of school entry and lays down the conditions of bodily or mental disability which are sufficient reason for varying the normal procedure of attendance. The position is thus in striking contrast to that concerning pre-school attendance where the individual mother has to decide whether to keep her child at home or whether and when to send him to one or the other of the pre-school communities which are within her reach.

The guidance not given by the educational authorities the mother has to seek from other sources. In a neighborhood where nursery attendance has become customary, a mother who keeps her child at home runs the risk of being considered selfish. She is reproached for "tying the child to her apron strings," for "not thinking the neighbors' children good enough company," for "over-protecting her child." In a neighborhood where nursery attendance is the exception, the mother who sends her child is criticized for "rejecting" it, for lacking in devotion, for trying to "get the child off her hands" so that she can have a good time herself or fulfill her own ambitions. Under these circumstances, the important question whether a child should have pre-school education is more often than not decided not by the child's need but by social pressure.

It adds to the difficulty of the mother's position

that certain nurseries, though secondarily working for the benefit of the child, primarily owe their existence to ulterior motives. This applies to the crèches, attached to some factories, which are founded to keep mothers at work when their newborn or young infants are still fully dependent on them. It applied to the war nurseries in England which were set up to free the maximum number of women for the war industries. It applies equally to the nurseries which serve university communities or middle class circles where women have to be free for their professional work. In all these instances the decision whether and when the child should attend a nursery is, in fact, based on the mother's need, not on the child's.

On the other hand, mothers who conscientiously consult the child's own wishes in the matter, do not always fare much better than those who allow themselves to be swayed by their own needs or by their neighbors' opinions. Young children may like or dislike the idea of going to a nursery for a variety of reasons; they have their own motives for either wanting to leave the home and seek adventures or for refusing to leave the home and the mother for any length of time. They may want to be "big school children" and go out like their older siblings with whom they compete, or to remain at home and be taken care of like a younger sibling of whom they are jealous. They may develop anxiety about what will happen to the mother in their absence. They may take their being sent off to nursery school as a punishment for past misdeeds. In their imagination the unknown teacher may turn into a witch or ogre whom they fear to meet. The resulting attitudes of the child, his eagerness to enter the nursery or his dread of doing so, present a true picture of his conflicting emotions, anxieties and phantasies. But they do not reveal whether the child needs pre-school community education or whether he would do better without it. Similarly, the child's first delight in the new toys of the nursery or his initial distress at finding himself in strange company and strange surroundings gives no real clue as to whether or not he will benefit ultimately from nursery life. Predictions of this nature have to be based on more objective ground than on either the mother's or the infant's momentary feelings.

In European countries the recent war brought thousands of infants and young children under the conditions of group life. Many of these children had lost their family background altogether owing to the death

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Problems Parents Can Prevent

Condensed from an article in the "Mental Hygiene News"

LAWRENCE S. KUBIE, M.D.

SOMEHOW or other modern man must learn how to become less neurotic than his ancestors. He must learn to free himself from the neurotic mechanisms which human beings from time out of mind have taken for granted. We must learn how to bring up our children to be less neurotic than we are ourselves.

We start with the fact that in every moment of human life our conduct and our behavior, our thoughts and our feelings, our decisions and plans, our hopes and purposes, and our reactions to one another are determined by a complex group of psychological processes. Of some of these psychological processes we are fully conscious, while of others we are wholly unconscious.

That conduct which is determined by conscious processes is flexible and realistic. It is influenced by appeals to reason and feeling, by argument and exhortation, by success and failure, by rewards and punishments. Thus it has the capacity to learn from experience. Normal behavior is therefore in the truest sense of the word free: free, that is, to learn and to grow in wisdom and understanding. In contrast to this, that behavior which is determined by unconscious processes is rigid and inflexible. It never learns from experience. It cannot be altered by argument or reason or persuasion or exhortation or rewards or punishments or by its own successes and failures. It never reaches its own unacknowledged and unrecognized goals; and for this reason it is insatiable and endlessly repetitive. Furthermore, it repeats its errors as often as and perhaps even more often than it repeats its successes; and it marches ahead blindly in stereotyped, repetitive paths, whether this pattern of behavior has brought success or failure, and whether it has been a source of happiness or of unhappiness either to itself or to others. Thus neurotic behavior is enslaved. It can learn nothing. It cannot change or develop or grow.

No thought or act or feeling, however, is determined exclusively by either conscious or unconscious forces. Instead a mixture is always at work. Whenever most of the psychological forces are conscious, even when conscious and unconscious forces strive for the same goals, the resulting conduct will be normal—free, flexible and capable of adapting to external

realities. But when unconscious forces dominate, the resultant behavior is neurotic—rigid, repetitive, and serving the needs neither of our conscious nor of our unconscious aspirations.

It is for this reason that the goals we pursue consciously only rarely satisfy our unconscious needs, and vice versa; and it is for this reason that the things we spend our lives pursuing so rarely bring us peace or happiness, and why success is so often crowned by depression. As a further consequence, in spite of our intellects, unconscious processes force us to live stupidly, to blunder and destroy, to make wars, to make ourselves and our children unhappy; all because individually and collectively we know only the top layers of our personalities.

Self-knowledge means nothing if knowledge of unconscious forces is omitted. Unfortunately, however, although in schools and colleges we sometimes study others, *self*-understanding in depth is the Forgotten Man of our entire educational system. It is only the analyst who begins his study by submitting to an analysis of himself. From kindergarten through college, our present educational system fails to base itself on the student's understanding of himself; and in this failure it omits the most important single contribution which it could conceivably make toward human wisdom. For instance, I can imagine honest discussion groups in the kindergarten and in the primary grades in which children will be helped to think about and to discuss openly their real feelings toward adults and toward other children, both the adults and children of their own homes and of the school. Group therapy we call it for adults; group preventive education it might well be called for toddlers. And the value of conducting such talks in groups is obviously that it would help to lift the taboos on secret feelings which isolation always imposes. It would help each child to feel his share in a common human heritage.

The only instrument of deep self-understanding which we now have, namely psychoanalysis, is a highly specialized, difficult, and laborious technique. Therefore as a technique of investigation or of therapy it is applicable only to relatively few individuals. Ultimately, however, through education, the knowledge which psychoanalysis has hewn out of the solid

rock of human nature must be made available to all.

Certainly bringing up healthier children would be the greatest contribution to civilization which any human being could make, whether he be a man or a woman, humble or distinguished. And it is a sad and significant commentary on our whole culture that there is nothing to which we give less thought and training. We come to parenthood less well prepared for this difficult technical task than a farmer is to raise pigs.

It is certain, therefore, that we need more light on the emotional levels present in the infant and the child. We need new knowledge; and we need techniques by which to spread the knowledge which is already at our command. Long ago, St. Augustine pointed out that the innocence of childhood was due not to the purity of their hearts but to the weakness of their limbs. And it is ancient wisdom that the child is father to the man. Yet we have been reluctant to draw from these sound premises the inescapable conclusion that it is the evil in the child which fathers the evil in our adult world, and that our so-called grown-up world gives powerful and destructive expression to the confused and angry and clamoring drives of childhood. Therefore we must learn how to free the child while he is still a child from his conflicts, his terrors, and his rages. It is not enough merely to overpower him and to force his rebellious conflicts underground as we do today. It is not enough merely to teach children manners with which to cover their primitive savagery, to make them polite when our goal should be to make them kindly and generous and good. Our present methods merely ensure that our children will be unaware of the burden of unconscious destructive impulses which they carry forward through life. And as long as this continues, these unrecognized charges of explosive anger will endanger our whole civilization; and our culture and our morality will have little stability, and little on which to pride itself.

Two Forms of Prevention

How then can we bring children up so that their deepest moral struggles will occur in the light instead of in the dark, so that in their formative early years they will learn to tolerate consciously the struggles which must go on inside of them? Two forms of prevention are possible—early treatment of the child and psychiatric education of the parent.

In medicine in general we do not ordinarily think

of the treatment of illness as being a form of prevention. In psychiatry, however, treatment is preventive, if one treats every acute neurotic episode as an emergency, treating it as early as possible, and as intensively as possible. The war demonstrated that this is true for the adult as it is for the child. Every child has nightmares before he has ever been frightened and every child grows up with repeated transitory neurotic upsets. These episodes punctuate family life with many unhappy moments which try the patience and ingenuity of parents. Yet they are so universal that they must be regarded as an inevitable part of the process by which children develop. The burden of neurosis which the adult will have to carry depends chiefly upon how these universal neurotic episodes of childhood were handled as they occurred. In most cases the surface symptoms disappear spontaneously, or under the influence of parental pressures; but this is not the end of them. Their disappearance almost always leaves buried roots which cause trouble later on. Only if the episodes are handled in such a way that the roots themselves are removed, can the child pass through each successive phase in his development strengthened for the next step and free from any carry-over of unresolved neurotic difficulties.

It is precisely because every child has these neurotic upsets that neurotic difficulties become universal in adult life. This is irrespective of wealth, education, social position, or whether we come from the city or the country, from centers of civilization or from the frontier, and independent of cultural, economic, racial, or national backgrounds. Therefore this treatment cannot be left either to chance, or to those homely remedies which have been tried for centuries and found wanting.

If we wish to eradicate the roots of these episodes, so that there shall be no unconscious residues in later life, then we must use each episode as an opportunity for the child to express all of his confused fantasies, fears, misinterpretations, and misconceptions, all of his painful, angry yearnings and conflicts, and all of his exaggerated fears and guilts. This is an essential goal of preventive therapy; and it is a process in which in varying degrees parents and teachers, as well as clinical psychologists and psychiatrists can be trained to assist.

We often forget that children feel at least as guilty about their thoughts and feelings as they do about their actions, and sometimes even more so. We often forget how literally a child takes his own thoughts

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Can Mental Hygiene Books Improve Mental Health?

ALINE B. AUERBACH

This paper by MRS. AUERBACH, staff member of the Child Study Association, was included in the Preparatory Commission Report on Public Education in Mental Health, presented at the National Conference on Social Work, at Atlantic City, N. J., in April 1948. It formed part of the report sent by Child Study Association to the International Congress on Mental Health, held in London, England, in August 1948.

THAT the general public has become more and more aware of psychological and emotional problems is reflected in the constantly increasing number of books on these subjects which for some years past have been appearing on publishing lists. Books are the basic, conventional medium of public education. They have more permanence and prestige than pamphlets, magazines and newspapers. They antedate the newer media of radio and movies and have the advantage of being published more slowly and of usually being more carefully considered. Publishers produce books not only because they think their contents are important but because they hope they will sell. Books, therefore, do represent to a certain degree the interest of the public. And so, within the past thirty or forty years, as the social sciences have begun to offer rich mines of new material, there has been a growing avalanche of so-called "popular" books. These books have attempted to interpret for the general reader, in simple readable style, the complex findings of the sciences dealing with human relations, behavior and personality as revealed by Freud and his many followers, and the supplementary contributions of psychologists, psychiatrists, sociologists and cultural anthropologists.

From the beginning, the mental hygiene movement was concerned with *causes* of behavior, and accordingly it looked to those influences in the early life of an individual that made him what he was. This was obviously not a new concept—the Jesuits, for example, having articulated it many generations ago—but it was confirmed and reinforced by evidence from psychiatrists, psychoanalysts, guidance clinics and research centers. In its concern with basic concepts of mental health, much of the popular material was addressed to parents, since the health of future gen-

erations was largely in their hands. Some parents had already been aware of this responsibility and, seeking guidance, had turned to philosophers and educators. But the help they had received had been largely in moral and ethical matters, which seemed to have little relation to the real problems with which they were dealing. Children and the members of their families began to emerge as live human beings in the early books of Dorothy Canfield Fisher and Sidonie M. Gruenberg, both pioneers in the field of human relations. The results of laboratory research first burst upon the public, however, through the books of Watson and the "behaviorists."¹ Based on the concept of the conditioned reflex, they reinforced the ideas of rigid habit training and routines already set up by the pediatricians, but failed to recognize the emotional needs of children as individuals. This school, which warned parents against "loving" and therefore "spoiling" their children by making them too dependent, added authority to the then current concept of the dangers of the "silver cord," a concept based on incomplete understanding of psychoanalytic material.

Books by Watson and others who followed him concerning this more mechanistic approach to human behavior were extremely popular. Their methods of research were extended and refined by others. Gesell and his associates, basing their study of mental measurements and norms on the objective examination of large groups of children, presented to the public a more complete and understanding picture of growth and development. These studies are especially valuable in their description of the early years, where the research has been most comprehensive. The tremendous sale of *Infant and Child in the Culture of Today*,² the later and more popularly written version of this material, shows how eager parents are to know what to expect of their children as they grow. Antedating Gesell's book, but supplementing it in their recognition of the importance of emotional needs, came the simple but important books, *Babies Are Human Beings*, by Aldrich,³ *The Parents' Manual*, by Anna W. M. Wolf,⁴ *The Nursery Years*, by Susan Isaacs.⁵ A recent addition to this group is

A Common Sense Book of Baby and Child Care, by Benjamin Spock.⁶ In all of these, the authors apply their fine understanding of human needs and human behavior to the concrete practical problems of everyday living. They all carry a deep conviction of the important influence of early experience, particularly in parental and other close relationships, upon the development of the personality and upon mental health. In contrast with the specific advice on training and routine of earlier books, the advice here is secondary to a basic understanding of children's needs.

Other popular books presented the general findings of psychiatry and psychology as they applied to the family as a whole. *The Happy Family*, by Levy and Monroe,⁷ *We, the Parents*, by Sidonie M. Gruenberg,⁸ *Personal Problems of Everyday Life*, by Travis and Baruch,⁹ and *The Substance of Mental Health*, by Preston,¹⁰ met with a wide response.

A further contribution to mental hygiene was made by the cultural anthropologists. Margaret Mead was among the first of a series of authors to present in a more popular vein studies of other cultures, thereby indirectly throwing light on the beliefs and practices of our own civilization.¹¹ Such books as *Personality and the Cultural Pattern*, by James S. Plant,¹² had already evaluated the effect of our cultural institutions on personality development. The recent popular volume, *Father of the Man*, by Davis and Havighurst,¹³ is an important study, sociologically and psychoanalytically interpreted, of the effects of differing "class" attitudes upon children.

"What Makes Us Tick?"

Paralleling the specific volumes for parents, came numerous books directed to the adult as an individual, trying to explain to him in simple words what "makes him tick." Many of these, written in the first flush of the authors' own discovery of human behavior from the psychiatric or psychoanalytic point of view, oversimplified the picture—almost inevitable in interpreting new concepts for popular consumption. A flood of books on self-help and self-analysis encouraged the reader to take his unconscious well in hand, exert a little extra self-control (or throw his "inhibitions" to the winds, as the case might be) and all would be well. Gradually, however, more seriously written books began to have a wide appeal. *The Human Mind*,¹⁴ and *Love Against Hate*,¹⁵ by Karl A. Menninger, and *Discovering Ourselves*, by

Strecker and Appel,¹⁶ for example, presented problems of personality adjustment without minimizing their complexity, holding out no hopes for a quick solution and pointing out the need for professional help where it is indicated. A book just published, *Emotional Maturity*, by Leon J. Saul,¹⁷ is an excellent example of material for professional workers in medicine, law and social work, which has a great deal to say to the intelligent lay reader about the factors that influence emotional development.

Recent books in the newly popularized field of psychosomatic medicine seem to be falling into the same pattern. With the exception of one of the first and best in this field, *The Doctor's Job*, by Carl Binger,¹⁸ they are largely in the preliminary stage of fighting the public's resistance to a new concept, and therefore are going to extremes of oversimplification in order to make their point. The next few years will probably bring more temperate, balanced books that present the close relationship between the mind and the body—the psyche and the soma—without needing to prove either one to be primary.

The Reader's Response

How effective have these books been in furthering an understanding of the principles of mental health? How much insight *can* readers get from such books? What are the limitations of this educational medium? What are its dangers? These are difficult questions to answer. We know of no comprehensive scientific studies that have been made in this field. We do know, however, that professional people have been constantly reading and evaluating this material as it appeared.¹⁹ We know, too, that in adult groups, in parents' meetings and in counseling interviews, parents and young people are revealing their response to some of this printed material, commenting on what they find helpful, harmful or confusing. Out of this variety of experience, shared and discussed by professional workers, some conclusions emerge.

First, each book is read, not by a *reader*, a fictional average person, but by a specific individual, who brings to the book he is reading his own complex reactions and biases, based on his particular needs. In line with these needs, he will respond to certain parts of what he reads—either positively or negatively—and close his mind to others. This is apt to be particularly true of material in the field of human relations, where the content deals largely with the emo-

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Psychiatric Contributions to Community Living

ABRAHAM Z. BARHASH, M.D.

DR. ABRAHAM Z. BARHASH is Director of the Division on Community Clinics at the National Committee for Mental Hygiene, Executive Assistant of the American Association of Psychiatric Clinics for Children, and Secretary-General of the International Association for Child Psychiatry. He is a practicing psychiatrist and a widely recognized authority on the community aspects of mental health.

ONE of the ways in which psychiatry can serve children is by contributing to those community efforts which have the education, health and welfare of children as a major concern. In this article I shall be interested more in the mental hygiene phases of psychiatric accomplishment, *i.e.*, the prevention of emotional illness and the positive contribution toward the healthiest possible development of all children. It may seem to some people that it is rather impractical and Utopian to think in terms of prevention at a time when we are so far from having achieved any large-scale effectiveness in treatment, and to think in terms of a positive contribution to emotional growth and development at a time when we are just making the barest beginning in prevention. However, for reasons which would take too long to discuss here, it is necessary for such progress to be made on this broad front and in this uneven manner. Any attempt to make the process an orderly one by not proceeding with a second step until the first one has been completely accomplished would leave us hopelessly stuck, and any complete skipping over of earlier steps would lead to chaos and confusion.

Let us proceed now with a review of community agencies and ask ourselves which of them can or do benefit from the incorporation into their processes of knowledge and attitudes derived from the field of psychiatry. I use the term "agencies" broadly and include all those activities, services and institutions which the community develops to serve the welfare of its citizens, in this case specifically its children. I omit any discussion of the family, although it is in a sense an "agency," and certainly for the emotional development of the child the most influential and important one there is. However, the family requires a discussion all its own, and I am here concerned only

with the more formal agencies, those which are formed through the participation of the entire community or of large segments of the community.

For obvious reasons, the agency which exerts the greatest influence upon the mental and emotional development of children is the school. It is here that the child experiences his first large-scale contact with groups outside of, and away from, the family. It is here that he first encounters non-parental authority and here that he first learns the real meaning of organized activity and group participation, with their surrender of personal prerogatives and immediate satisfactions for the sake of ultimate goals which may be distant and vague. I don't think it requires much argument on my part to convince the reader how very important it is for this early experience with society, with authority, and with work to be satisfying and constructive, nor do I believe that it is necessary for me to describe in detail how woefully our educational system falls short of this desired goal. It has been described too often and too well in the past by competent educators for me to pass it off now as a psychiatric discovery, although every psychiatrist, especially if he treats children, accumulates a tremendous amount of evidence of the damage that poor schools constantly inflict upon the health and happiness of many of their pupils.

The task of improving the quality of our school system is a colossal one, far beyond the power and capacities of psychiatry and its related disciplines. It can be accomplished only through the interest and determination of the general public under the guidance of educators. However, the psychiatric disciplines can lend very valuable assistance to educators and to the community at large in effecting this reform. It is through the specialized understanding brought to the educational system by these disciplines and through the clinical material which they gather that one aspect of present educational shortcomings can be most clearly understood. They can offer invaluable assistance in setting up eventual educational goals, in providing guideposts for progress toward those goals, and in making themselves an integral part of the actual operational steps necessary to effect

the proposed changes. It is these disciplines, for instance, which are in a position to see most clearly the degree to which our present educational system relies upon competition and fear to impose upon our children that routine which it considers necessary for the accomplishment of present-day school objectives. It is their job to make it clear to educators and to society at large that there must be something very radically wrong with a process which can be implemented only by the whipping up of a competitive spirit and by a constant use of repression and fear. It must be made clear how this procedure does violence to what is supposedly our aim; that is, to utilize our school system for the creation of a healthy, intelligent, self-reliant, responsible, democratic citizenry. Every step and every detail of school organization and school procedure needs to be re-examined in the light of these professed aims. The paradox of trying to train for democracy within a school structure which is archaic in its authoritarianism is one which needs to be exposed and clarified. Furthermore, we need to investigate the effects upon children constantly exposed to the confusions and insecurities aroused by these paradoxes. Of course I realize that this is only a portion of the larger paradox which pervades our whole social structure. We speak justifiably about the horrors of a police-state, but we tolerate with equanimity the fact that our children are brought up by police-parents, are taught by police-teachers, are supervised in their employment by police-employers, and have their civic and personal responsibilities imposed upon them by a police-discipline. Throughout the entire process we seek to build up a sense of responsibility while depriving the individual of the means of discharging that responsibility. We need to investigate the kind of school efficiency which sets up the acquisition of knowledge as the only measure of success in order to determine whether even this questionable efficiency is being achieved in the face of the resistance and hatreds for learning which are being engendered in our schools. If it is, then we still have to ask ourselves whether it is worth while in the face of the damage it does to the children who are having knowledge involuntarily pounded into them. We need to ask ourselves how teachers can be expected to perform one of society's most important jobs when there are too few of them, when they are too often badly chosen and badly trained, when they are always badly paid, and when they are constantly subjected to a cross-fire resulting from a long accumulation of educational deficiencies on the one side, and increasing demands for improvement on the

other. We need to know how these pressures affect the personalities of teachers and how in turn these influence the children whom they teach. Perhaps what we need to know most immediately is how we can raise just one generation of children who, when they become adults, will be free of those buried resentments against teachers and schools which cause us to give lip-service to school improvement while discharging our duties as citizens in such a way as to sabotage any real improvement. In all these things that we need to know and need to do, psychiatry, with its professional approach to problems of human emotions, is in a position to play an important role.

Where to Begin

When we set about the task of determining just where in the complex educational cycle it would be most strategic to begin with the application of psychiatry, we run into real difficulties. Wherever we might think of beginning, we anticipate the criticism that our suggested beginning is too late by several years, several steps, or even several generations. Let us then start quite arbitrarily with a consideration of possible psychiatric contributions to teacher-selection and teacher-training. In the matter of selection, I don't believe that psychiatrists are any better in choosing candidates for teacher-training than are the faculties of training schools and colleges, but I do believe that psychiatrists can contribute certain skills to the process which will make it a sounder one. In training, we now find in the curricula of most schools an almost complete preoccupation with subject-matter and with the more mechanical aspects of teaching methods. Psychiatry is in a position to help shift the emphasis to where it more properly belongs: a consideration of the broader needs of children, and of how the educational process helps meet those needs beyond the simple imparting of knowledge. At another level of teacher-selection, a professional evaluation of personality can be invaluable to school boards making teaching appointments.

It must be kept in mind that these aids to teacher-training and teacher-selection, while indispensable in their importance, will be very gradual in bringing about desirable changes in our educational system. The question therefore arises whether the psychiatric disciplines have means at their disposal to give any more immediate help, to assist our present-day schools in doing a better job. My own belief is that in spite

(Continued on page 61)

Changes in Parental Attitudes

An Interview with Sidonie Matsner Gruenberg

ELIZABETH POPE

In this article, ELIZABETH POPE, a successful young writer for the general magazines, has interviewed Mrs. Sidonie Matsner Gruenberg, Director of the Child Study Association, on the changes brought about by psychiatry and by other influences in our attitudes toward child care and education. Mrs. Pope, the mother of three children, is a member of the Board of the Association, and chairman of the Committee for CHILD STUDY magazine.

"OUR present-day attitude toward child care and education rests on accepting the simple fact that human beings are not governed exclusively by the tops of their heads."

This was the statement made by Sidonie Matsner Gruenberg when I interviewed her in February at Child Study Association's new headquarters. She had just returned from a trip to the west coast. A young woman with a small child happened to be on the train and Mrs. Gruenberg was impressed by the skill and good judgment with which the woman handled her baby. Whether she knew it or not, this young mother was applying the best insights of modern psychiatry and the mental hygiene movement. The Director of the Child Study Association of America is one of those rare souls who is old enough to be a grandmother and young enough to ask questions. As Mrs. Gruenberg watched, she became more and more curious about where this particular American woman had got her notions of child care. So she asked her.

The answer, as Mrs. Gruenberg had suspected it would be, was inconclusive. No, the woman had read no books on the subject, had taken no courses. She usually read the baby-care column in her local newspaper and occasionally an article in one or another of the women's magazines. She really couldn't say, though, how she had come to know not to urge on the child that "last bite", or when to cuddle, when to distract. She guessed she'd learned a lot from watching her sister and friends.

"That young woman," said Mrs. Gruenberg, "represents a generation of young parents who owe a great debt to psychiatry, without ever having heard the word. She takes for granted a point of view for which it was necessary to fight since before she was born. We have certainly come a long way in the last

thirty or forty years."

How has our thinking changed? I asked. How have parents been influenced by the work of the psychiatrists? Before she would tackle this question, Mrs. Gruenberg caught me up for implying that psychiatry alone is responsible for today's broader understanding of children. "You can't give the psychiatrists all the credit," she said. "No one branch of medicine or one line of scientific research changed the attitudes of modern parents. I mentioned psychiatry only because it deals directly with problems stirred up by our emotions. But, there seem always to have been some individuals who used good sense without having any special rules." She mentioned a few people—William Heard Kilpatrick, Caroline Pratt, and others—far removed from psychoanalytic circles, who independently, perhaps intuitively, arrived at the same broad conclusions.

"In a sense, all we've done is to approach an understanding of what the poets and wise men have always known. Physicians and experimenters had been showing us that much of human behavior results from the emotions rather than from the 'mind' or conscious purpose; or from chemical activities of the glands, without any corresponding thoughts or feelings. The science of psychiatry has certainly helped to deepen our understanding. It has formulated and clarified our thinking, but it can't be credited with having single-handedly discovered the role of the emotions."

Switching then to the unanswered question, Mrs. Gruenberg began sketching in broad outlines how parents' attitudes have changed in the last few decades. Listening to her, I became more and more impressed with the fact that hers is a point of view that has been molded almost entirely by what she herself has experienced at first hand. In about thirty-five years in the parent education movement, she has acquired a tremendous store of direct experiences, from which she draws illustrations for virtually every point she makes. In a field which is sometimes charged with being over-theoretical, I was grateful for her human, down-to-earth approach.

Here, then, is the gist of what she said.

Under the impact of the mental hygiene move-

ment, the traditional "good habit" conception of child training has been breaking down. At the beginning of this century, most American colleges were teaching a psychology based on the ancient doctrine of training the faculties. In the early 1900's in the more progressive colleges, the psychology of William James was gradually replacing that. But as recently as twenty-five years ago, very few had advanced beyond animal psychology and behaviorism. Student-teachers and future parents alike were told that children's interests could best be served by the inculcation of good habits. The big rules were repetition on the part of the child and patience on the part of the adult—much as in teaching a puppy parlor tricks. Mrs. Gruenberg credits Dr. Kilpatrick of Teachers College with putting the first dent in the armor of the "habit" school of thought; an expounder of John Dewey's philosophy, he influenced vast numbers of teachers and educational leaders. To the accepted formula—"habit established through repetition"—Kilpatrick added the simple but significant phrase *with satisfaction*.

Mrs. Gruenberg also mentioned Caroline Zachry, herself a classroom teacher, as one among dozens of others, who effectively brought to thousands of teachers in service, and to parents, too, what she had learned from psychoanalysis. More and more people began to see what even animal-trainers have always known, namely, that without satisfaction enforced repetition might, and often did, achieve nothing except resentment toward authority.

As if the usual battery of good habits—neatness, politeness, table manners and the like—weren't destructive enough of sound parent-child relationships, the early child "experts" singled out toilet training for particular emphasis. That was virtually the entire curriculum of the early nursery schools, and mothers engaged in a frantic toilet-training competition often as disturbing to them as to the children.

All this is a far cry from today's notions of child care. Psychiatry and the allied sciences have demonstrated the prime importance of emotional satisfaction during the early years of life. Parents today are concerned with attitudes instead of habits and they feel that healthy attitudes will follow almost automatically if a child feels loved and respected and secure. As this view becomes accepted, fewer parents subject their babies to rigid schedules, dehumanized feeding routines, restraining harnesses and the like. More parents recognize that the time to introduce toilet or any other training regimen is when the child himself is ready to take pride in his achievement.

While she welcomes this new awareness of emotional factors, Mrs. Gruenberg feels that perhaps the pendulum has swung too far in some respects. Whereas twenty years ago many of the problems that came to the Child Study Association's Family Counseling Service arose from excessively rigid training routines and discipline, many of today's problems result from excessive laxity, or "permissiveness," which relies too much on the "rightness" of the child's unguided impulses. Understanding the child is one thing, but letting him do always as he likes is another. A child does not gain security merely by being allowed to gratify every whim. Attainment of self-control is an important part of emotional satisfaction for any child; and the need for this is one that some enthusiasts for the new psychology forget.

As a result of their greater understanding, today's parents recognize that a child who *makes trouble* at home or in school is a child who is *in trouble* and needs help. They know, too, that children no less than adults are prey to all sorts of socially undesirable or unacceptable feelings (especially in their attitudes toward brothers and sisters) and that they look to their parents for understanding guidance and control. Finally, they are beginning to recognize what psychoanalysts have shown us, that adults are frequently influenced by unconscious feelings which can immeasurably complicate their task as parents.

Through the same channels, parents have learned that there are means by which conflicts—conscious and unconscious, their own and their children's—can be resolved. Child guidance centers, family counseling, and psychiatric treatment are coming to be increasingly available to troubled children and parents.

It is Mrs. Gruenberg's dream that these services will be increased many times over, so that parents and children can have some place to turn whenever they need help. But she hopes, too, that our understanding of children's needs will become more and more widespread, so that in time we may need fewer and fewer therapeutic services. No system of healing can ever catch up with disturbances and maladjustments that may have their roots in inter-personal relationships but are intensified by social and economic conditions.

"This means, of course," Mrs. Gruenberg said, "that we must have a genuine and general concern for the basic needs of individuals and families. We must make it possible for *all* children to have not only the essential family conditions for physical and mental health, but also the community conditions vital to the child's emotional and spiritual well-being."

Parents' Questions

The questions published here are selected and discussed by the staff of the Child Study Association, and the answers written by various members. The department is edited by Aline B. Auerbach.

I feed my baby by the new method of self-regulation. He is six months old now and gets his bottle when he cries for it—not before. Often he goes as long as seven or eight hours without being hungry, lying quietly and contentedly in his crib, letting me go about my business. Of course, I'm sold on this method and only wish every mother could have as good a baby as mine. Yet sometimes I wonder if he should have more frequent feedings, so that he can have more time to suck, as the books say.

Mrs. T. W.

Crying isn't the only sign of hunger in a baby. Does he suck his thumb, fists or blankets? Does he whimper or seem restless? If he does any of these things, you may be right about his needing more of his bottle. Have you thought of giving him a little less at a time and getting in an extra bottle or more solid foods at some point in the day? Babies are often glad to take extra food when it's offered even when they seem content or don't actually cry for it.

There is such a thing as a baby who is *too* good. There is also such a thing as too little (as well as too much) stimulation. Infants need smiling faces and nodding heads around them; they need to be played with, cuddled, offered food, held in various positions, even when they don't cry for these things. They need them for both their mental and physical well-being.

If, in addition to normal physical growth, your child smiles and laughs readily, is active physically, interested in his surroundings, responsive to people and new experiences, the chances are that all is well. But before rejoicing in your free time, make sure that "good" doesn't mean merely passive.

My son, who is six and a half, likes playing with guns, and has quite an "arsenal." My neighbor thinks this kind of play unhealthy and won't allow her child to join the games of cops and robbers.

I believe, on the contrary, that this is a good emotional outlet, whether the child takes the part of the cop or the robber. (I've noticed that my boy only

wants to be the cop or the sheriff, never the robber!) I don't believe the "feel of a gun" in a youngster's hand will make him mean or tough or lead to delinquency. I would like to know what you think about this?

Mrs. C. S.

You are quite right in believing that what drives children to delinquent acts is something much deeper than "the feel of a gun" in their hands. Playing belligerent games and playing with guns seem to be the normal play of a great many children, especially boys. For many of them this does seem to provide a safe and satisfying outlet for their aggressions, a way of "letting off steam." It is also a way of trying themselves out by acting out situations of danger and adventure. If, however, the child seems so absorbed in this kind of play that he isn't interested in any other activities, one must suspect that he needs help with problems he is trying to work out in this way.

Children for whom play with guns becomes too threatening usually protect themselves by avoiding such games, perhaps because these come too close to their own fantasies and wishes, and therefore arouse feelings they cannot handle. It is often these children, rather than the overtly gun-playing ones, who need help.

My eight-year-old daughter still sucks her thumb. I've tried everything I know to help her stop, but I'm afraid I have to admit defeat. The child is bright, alert and clever in her work at school.

Mrs. B. H.

Before we could give you real help, we would have to know much more about your little girl and what has gone on in her life these eight years. Is she an only child? What was her early physical history? Is she usually happy? Has she friends? How does she get along in the family? Most important, just how have you tried to help her with the thumbsucking and other problems? How has she responded?

In other words, one must try to find out the reasons for a child's behavior instead of tackling thumbsucking all by itself. Actually, it is only one part of a more complex problem and before it can be solved it must be connected up with many other things a child does and feels. But whatever her nature and

earlier experiences, you are right in thinking that at eight years old something should be done. Remember that whatever you can do to help in her basic adjustments to living is more important than going after this one symptom.

But there are certain direct steps you might try too. First of all, be sure to realize that she does this not to annoy you, but because it brings her some sort of comfort or relief that she needs for reasons that aren't clear to her any more than to you. But even though she can't give it up, she knows that she's doing something that's babyish for her age and she needs help.

The next step is to talk it over with her in as friendly a fashion as you can. You can explain that you know she finds it pleasant and comforting, but that she really wants to stop; and assure her that you will help. This is very different from scolding or punishing her. Whatever she says, underneath she will be relieved to know that you understand and are on her side.

From here on, you and she can work out a plan together. She may want you to stay with her for a few nights at bedtime (if this is the time when she seems to suck her thumb the most), talking to her and standing by until she falls asleep *without* her thumb. It will be a hard struggle, but it will help her to know *you* know it won't be easy. Perhaps she herself will suggest that she put a band-aid or something else on her fingers to remind her. Or she may just want you to tell her about it if she forgets and puts her thumb in her mouth. There are many possibilities. The important thing is that they should be set up jointly, by you and your child together. After a few days, the chances are she will find that this *is* something she can control. From there on it will be easier, for she will have the satisfaction of overcoming a hard task, and living up to what is expected of a child her age.

If she doesn't make progress, even with your help, it would be wise to discuss the matter with a trained counselor.

My daughter is nine years old and in the fourth grade. As she is a bright youngster, the school wants to accelerate her and put her in the sixth grade next year. I am wondering about the problem of social adjustment, which will become increasingly difficult as adolescence approaches, due to the difference between her age and those of her classmates (which will be one or two years). Would it be wise or unwise to keep her with her present class so that the difference in age will not be such a handicap?

Mr. S. S.

This is one of the many questions that arise in the bringing up of children to which there is unfortunately no one answer. All that any parent can do is to find a solution that is the best possible and to make up for its drawbacks in whatever way seems most helpful.

You might urge the school to keep your daughter with her present class, since the wording of your question suggests that this is your own preference, provided that the work is not too simple and accordingly too boring for her. It depends largely on what kind of person her teacher will be; if she is able to give your daughter special attention and special tasks that will challenge her good intelligence so that she must really work and learn, your problem is solved for the time being. On the other hand, if your daughter is accelerated, you will want to help her find friends of her own age outside her class. With children's clannishness, this is not always easy. You might find out whether there are special classes for gifted children in another school nearby, to which she might transfer. If such a school is available for your daughter, she will make friends in her own class, but they will probably not live in her own neighborhood. This means that you will have transportation problems or that you will have to help her, once more, to find friends outside her class.

There is, as you see, no perfect solution. The most helpful thing you can do is to discuss the situation with the principal, who knows your daughter's ability and also knows the possibilities offered by his own school and by other schools in your vicinity. Whatever you decide to do, however, your daughter will probably get along very well, for she has on her side your awareness that there is a problem and your wish to help her.

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Suggestions for Study Groups

The following outline is based on the articles in this issue, and is offered as a guide to readers who wish to use CHILD STUDY as source material for group study and discussion. The department is edited by Margaret Meigs.

NURSERY SCHOOL EDUCATION—

BACKGROUND FOR DISCUSSION:

The value of nursery school varies for each child with the kind of school set-up and the child's special needs. Experience in wartime nurseries suggests that the nursery school can make its best contribution to a child's development in those areas in which growth is least dependent on emotional relationships, and most affected by impersonal factors. A young child whose relationship with his mother is generally or temporarily of an unsatisfactory nature is likely to find it harder to make a satisfactory adjustment in nursery school. Children will be apt to profit most from those aspects of the nursery school which extend rather than duplicate the opportunities of the home.

TO DISCUSS:

[For each individual member] What does your young child need most from nursery school?

What sort of parent-teacher relations at various age-grade levels do we need to promote—and how?

PROJECT:

Arrange a series of visits and conferences with your local nursery school or kindergarten director.

TO READ:

Infants Without Families. Anna Freud and Dorothy Burlingham. International Univ. Press, 1944.

Parents and Children Go to School. Dorothy W. Baruch. Scott, Foresman, 1939.

Children's Centers. Rose H. Alschuler, ed. William Morrow, 1942.

PROBLEMS PARENTS CAN PREVENT

BACKGROUND FOR DISCUSSION:

Parents will help children to grow up less burdened by neurotic anxieties and hatreds, if they, in turn, can be helped to understand better both themselves and their children. They need to appreciate the way in which neurotic behavior is related to powerful feelings of childhood whose expression is generally regarded as socially unacceptable. Parents need help in recognizing the part which such emotions of their own, when repressed, play in their behavior toward their children; in recognizing the devious ways

in which children express their feelings, and in learning how to give them a chance to accept their feelings and to satisfy or control them safely.

TO DISCUSS:

Discuss and illustrate the differences between the adult's and the child's way of communicating. Why is it so often useless to try to explain to a child why he needn't feel or behave the way he does, or to give him "a good talking to?"

Discuss Dr. Kubie's point that it is easier for a parent who knows he is neurotic to help his child, than it is for a parent with a hidden neurosis.

TO READ:

The Substance of Mental Health. George H. Preston. Farrar & Rinehart, 1943.

The Parents' Manual. Anna W. M. Wolf. Simon & Schuster, 1941.

CAN MENTAL HYGIENE BOOKS IMPROVE MENTAL HEALTH?

BACKGROUND FOR DISCUSSION:

Books on mental hygiene are being eagerly read, and all kinds, including some dangerously inadequate, are being published. The best offer valuable information in inspiring and digestible form. Important as factual information is, it is not enough alone to change attitudes. The emphasis on parental responsibility for children's adjustment has tended to heighten the anxiety of already insecure parents. Even the best books are subject to misinterpretations.

TO DISCUSS:

Discuss differences of opinion within the group as to the effectiveness of various mental hygiene books on the Study Group's list.

Discuss the fiction books which are a good source of mental hygiene material.

Discuss the tremendous popular appeal of superficial mental hygiene books.

PSYCHIATRIC CONTRIBUTIONS TO COMMUNITY LIVING

BACKGROUND FOR DISCUSSION:

Psychiatry has much to offer agencies for children, but unless a community is ready to make use of psychiatric knowledge and attitudes, to exercise judgment in the selection of personnel, and to provide effective cooperation, its members will find themselves with psychiatric services which function in name only, if at all. The responsibility for improv-

ing this situation rests on the individual citizens with interest and initiative.

To Discuss:

Evaluate your local school system in the light of Dr. Barhash's criticism.

What psychiatric services are available to your community through its various agencies? Does your community make full use of available services?

PROJECTS:

What can your study club do to create a better climate of readiness for psychiatric help?

To Read:

Child Guidance Procedures. Staff of the Institute for Juvenile Research. Appleton-Century, 1937.

So You Want to Help People. Rudolph M. Wittenberg. Association Press, 1947.

CHANGES IN PARENTAL ATTITUDES

BACKGROUND FOR DISCUSSION:

Modern concepts of child development are becoming more generally accepted. Parents are growing more concerned with helping their children to acquire wholesome attitudes than with training them in the early achievement of "good habits." They are increasingly aware that it is more important to cope with the reasons behind undesirable behavior than to punish or prevent the behavior itself. A hazard of this approach lies in the tendency of some of its proponents to believe that children should never be restrained. Such a policy puts on a child an impossible burden of responsibility as damaging to his security as the over-rigid training program.

To Discuss:

What set of principles of child guidance does your Study Club believe in? What difficulties do you find in following these principles? How well are they accepted by the community and schools?

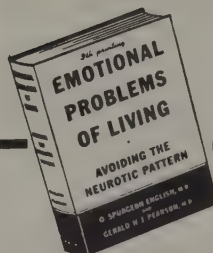
Compare for likenesses and differences the set of beliefs about child development according to which you were, and your children are, being reared. Was it easier or harder to be a parent (and to be a child) in your parents' day? Discuss the question of suitable restraints on children's behavior. Should children ever be punished?

To Read:

We, the Parents. S. M. Gruenberg. Harper, 1939.

A Common Sense Book of Baby and Child Care. Benjamin Spock. Duell, Sloane and Pearce, 1946.

I Learn from Children. Caroline Pratt. Simon & Schuster, 1948.



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Children's Books

BOOKS FOR YOUNG PEOPLE—ABOUT THEMSELVES

ONE of the newer words in the American vocabulary is "know-how." All over the world we are looked upon as a people with a magic formula for attaining extraordinary results. One way of sharing this "know-how" is through books, technical and non-technical. Here is a group of books offering help to "teen-agers," all of which are intended, in one way or another, to help young people develop into all-round, attractive, poised, clear-thinking, contributing members of our democracy.

We know, of course, that there is no "magic formula" for the attainment of these desirable qualities, that a book can never be a complete substitute for real experiences. Nevertheless, when used along with the guidance of an understanding parent, teacher, or other counselor, these books will yield positive clues for assisting the young person over some of the inevitable hurdles of growing up.

Personality Development

YOUTH COMES OF AGE. By Wellington G. Pierce. Whittlesey House. New York. 400 pages. \$3.25.

This guide through the emotional maze of adolescence has had the advantage of the editorial advice of over 3,000 high school students, as well as many skilled counselors. It is readable, comprehensive, and has excellent bibliographies, a good index, and a list of visual aids. It is especially suited for use in guidance classes, discussion groups, or by parents with their children.

BETTER WAYS OF GROWING UP. By John E. Crawford and Luther E. Woodward. Muhlenberg Press. Philadelphia. 270 pages. \$3.00.

This book uses deeper psychological insight than the above and its place is distinctly in the guidance classroom or in the hands of a youth counselor where the adult may help the student measure his real growth through the questionnaires in each chapter. An unusual chapter, "Faith to Live By," deals with the emotional needs of young people in relation to religion.

Looks and Manners

TEEN AGE MANUAL. A guide to popularity and success. By Edith Heal. Simon and Schuster. New York. 151 pages. \$1.95.

This small compact volume, direct and useful in format and content, and modest in price, will furnish the high school girl with information on practically every problem she may encounter, be it manners, looks, parties, dates, or family relationships which are involved. A teen-age board has also made suggestions and revisions in its preparation.

HERE'S LOOKING AT . . . YOU. By Emily Wilkens. G. P. Putnam's Sons. New York. 83 pages. \$2.75.

While every girl could utilize many of the hints on good grooming given by this clever designer of young fashions, few will be willing or likely to follow all her suggestions, since other interests are bound to make prior claims. However, armed with this "charm school between covers," plus determination, the plump teen-ager may hope to emerge a glamor girl. There is, unfortunately, no reassuring suggestion that one can be happy without being glamorous!

Special Occasions and Projects

PARTY FUN. By Sheila John Daly. Dodd, Mead and Co. New York. 244 pages. \$2.00.

Sociable youngsters, librarians, parents of young people will be grateful for this practical, up-to-date guide, crammed full of ideas on every aspect of party-giving from invitations to games and menus, with recipes, for all sorts of occasions.

FUN INCORPORATED. Handbook for Teen Centers. By Jeanne Lenton Tracey. Bobbs-Merrill Co. New York. 248 pages. \$2.50.

A definitive book for a very special "teen-age" project. The result of experience in the field for over five years, this book should be of very real assistance—is, in fact, a must—for both adults and young people who wish to establish a teen center.

Although books alone cannot correct or prevent problems, those discussed above do present usable advice and techniques for personal and social adjustment. The maturing process is a slow one but a judicious use of texts of this type will unquestionably help young people in their adjustment to a world which makes ever new demands upon them.

IDA DAVIDOFF

Book Reviews

William C. Menninger, M.D. and Munro Leaf: *You and Psychiatry*. New York, Scribners, 1948.

William C. Menninger, M.D.: *Psychiatry: Its Evolution and Present Status*. Ithaca, Cornell Univ. Press, 1948.

William C. Menninger, M.D.: *Psychiatry in a Troubled World*. New York, Macmillan, 1948.

Psychiatric difficulties accounted for 38 per cent of all rejections and 37 per cent of all military discharges in the past war. These startling indices of the extent of our mental health problem have had a profound effect on the general attitude in America toward psychiatry. The great increase of interest in psychiatry in the postwar years is reflected directly in greater demands for clinical services and indirectly in the use of psychiatric ideas by every educational, entertainment and propaganda medium. To provide authoritative and intelligently planned material on psychiatry has become an important challenge to medicine and the allied disciplines. The need is all the more imperative because of the inability of available clinical resources to meet demands for service. Dr. Menninger, who now serves as President of the American Psychiatric Association and President of the American Psychoanalytic Association, has recognized the responsibility of the profession and has written three books presenting psychiatric concepts in simplified terms.

"You and Psychiatry," written with Munro Leaf, is a journalistic narrative, highly popularized, on psychoanalytic theory and on general mental health problems. Dynamic mechanisms are especially well defined. In the final chapter entitled "The Application to You" the authors are careful to warn against the hazards in undirected introspection, especially by the reader with a serious problem: "Self-evaluation may be entirely useless if it is biased by insecurity or conceit or insincerity or frank dishonesty. Then it is not only a waste of time but it may be very harmful."

The 1947 Messenger Lectures at Cornell University, delivered by Dr. Menninger, have been published in the small volume "Psychiatry: Its Evolution and Present Status." In the first lecture the history of modern psychiatry is reviewed concisely with emphasis on interrelationships with other disciplines. The second lecture again summarizes with refreshing lucidity basic Freudian formulations. In the final lecture an attempt is made "to formulate the relationships between the actual and the potential con-

tributions of psychiatry and our present social order." The relationships between individual reaction patterns and social forces are examined with the conclusion: "In such a turbulent world one might legitimately ask 'What is a normal reaction?'"

Psychiatry in a Troubled World subtitled "Yesterday's War and Today's Challenge," is a work of large dimensions. From the vantage point of his experience as Chief Consultant in Neuropsychiatry to the Surgeon General, U.S. Army, Dr. Menninger surveys the vast and successful psychiatric program which he directed. The first section is a source book on psychiatry in World War II with careful documentation of the numerous administrative, clinical and research studies carried out by psychiatric and related personnel. He records for us "the evolution of psychiatric practice in the Army" as it "struggled from the rear seat in the third balcony to finally arrive at the front row of the show." Problems of psychiatric screening, clinical observations on psychoneurotic disorders, combat reactions, psychosis, homosexuality and mental deficiency as well as the treatment of the psychiatric casualty are all given ample consideration. There are many lessons for civilian psychiatry in these accounts. The vastly greater opportunities for service afforded by the all-out effort and planning of wartime stand out in sharp contrast to the limited clinical and research facilities available in civilian practice. In terms of personnel alone one thousand physicians received training in psychiatry in the Army, a larger number than all our medical schools combined had previously prepared in ten years. It is gratifying that at least half of these doctors are continuing psychiatric training and work in civilian life.

The general implications of wartime psychiatric experience for postwar life are considered in the second section of the book. Dr. Menninger suggests strongly and convincingly the need for certain revisions in psychiatric practice: clarification of clinical concepts through a long-term research program; modifications in our treatment methods, especially the institution of active, early treatment and the further development of short-term therapy techniques; improved relationships with the other specialties in medicine; an articulate authority to counteract psychiatry's traditional isolationism. The defects of our present methods of distribution of medical care,

(Continued on page 57)

Natural Childbirth

FREDERICK W. GOODRICH, JR., M.D.

Digest of an Address at the Maternity Center Association, New York City

A CURRENT magazine advertisement proclaims the provocative phrase, "Never underestimate the power of a woman." Our experience in the Obstetrical Service at Yale University bears evidence of the essential truth of this statement. If any one individual or group of individuals can be said to be responsible for the initiation of our interest in natural childbirth, it is certainly those women who told us that they intended to have their babies according to the principles outlined by Dr. Grantly Dick Read—and they did exactly that!

We were fortunate that our first volunteer patients were so successful. Had they not been, there is every possibility that our interest would have flagged. A survey of these first twenty patients revealed several interesting facts and posed several questions. First, here was a method which allowed women to deliver their babies with little or no anesthesia and yet without undue pain or discomfort. Second, there seemed to be a definite emotional or psychic advantage. Here were women who seemed to enjoy experiencing childbirth while fully conscious. Third, all of our patients appeared to be of a particular type—wives of Yale students, better educated and more widely read than the usual clinic patient. They had all read Dr. Grantly Dick Read's "Childbirth Without Fear" and were convinced that they wanted it when they had their babies.

Did natural childbirth require a degree of intelligence above the average, an unusually good patient-physician relationship and an overwhelming desire for it? If this were so, then the method would be applicable only to a small proportion of women.

We felt that the patients in a teaching obstetrical clinic should provide a good test, since the majority of patients come from the lower socio-economic groups, in general have a poor educational background, and no knowledge of or interest in natural childbirth.

A study project was outlined in which every third patient who registered in the prenatal clinic was selected for natural childbirth. These mothers were instructed according to Dr. Grantly Dick Read's methods in anatomy and physiology of pregnancy and labor. This instruction was kept on as simple a plane as possible and confined to two lectures of forty

minutes each. Relaxation was taught individually as a part of each prenatal examination.

Soon we met up with our first patients who, although they had been taught to the best of our ability, needed enough medication to prevent them from being awake during the birth of their babies. These we classed as failures, although the reason was not obvious to us and little help could be had from Dr. Grantly Dick Read's writings. It will be recalled by those who have read "Childbirth Without Fear" that it deals mainly with general principles and contains little specific information about the exact management of patients.

Techniques of Relaxation

The advent of Mrs. Helen Heardman, an English physiotherapist, sent to us by the Maternity Center Association, helped us to solve this problem. She taught us the physio-therapeutic techniques of relaxation—methods of teaching the prenatal patient and the use of techniques during labor which enabled some of our patients, although unprepared, to have their babies without undue difficulty while awake. We immediately incorporated the exercises in our prenatal program by teaching the patients individually at the clinic and by giving them mimeographed reminder sheets for home study.

Individual instruction, however, was impractical in a busy hospital. The solution to this dilemma appeared when the Maternity Center Association established two fellowships for specially prepared nurses who were assigned to the obstetrical service. With the assistance of these nursing fellows, four exercise classes were organized and integrated with the lectures.

By the spring of 1948 the patients were being given a total of six classes during the prenatal period. These consisted of one lecture and two exercise classes during the early prenatal period. Another lecture on labor and delivery and two more exercise classes were given in the last month of pregnancy. The last class concluded with a tour of the obstetrical division, labor and delivery rooms.

After delivering 156 patients we found that we were dealing with an entity, parts of which defy statistical analysis. It is as difficult to measure degrees of pain as it is to assess quantitatively the expression

of joy on a woman's face when she first sees her newborn infant. The reaction of our patients, however, was not just favorable but so overwhelmingly enthusiastic that we felt the principles of natural childbirth should be more widely applied and studied. Approximately 80 per cent of the patients had been delivered while conscious; 90 per cent of these had actually enjoyed the experience or stated that it was not unpleasant. In all but a few cases it was evident that the program had had some good effects. Nor did the result seem to be affected by any one single specific factor such as age, intellectual ability, emotional stability, length of labor, size of baby, parity, or attendance at classes.

There were, however, some mothers who had a considerable amount of pain which they endured, without anesthesia, to please the nurse or doctor. Afterward, they looked upon their labors as unpleasant in the extreme and did not enjoy contemplating future deliveries. These we classified among the failures.

Some of the mothers classified by us as failures, on the other hand, reported that they had derived great benefit from the training program and attention during labor, and would like to receive the same treatment in future deliveries to which they were looking forward.

Benefits to

More Mothers

From our experience with these first 156 patients, we were able to define our aims as: 1—to enable every mother to have a safe labor and delivery, 2—to enable every mother to have an emotionally satisfying labor and delivery. Because we felt that our aims were being achieved with this selected group, there seemed to be no reason why the benefits should be confined to only one-third of the patients. The program was therefore enlarged to include all clinic and staff patients.

Some reorganization was necessary to accommodate these added mothers. The actual number of classes remained the same for each mother, but the classes had to be given more frequently. In addition, it was necessary to familiarize the entire medical and nursing staffs, both student and graduate, with the techniques to be applied to all patients. This was done in numerous conferences, classes and seminars. The Maternity Center nursing fellows discontinued the practice of attending all patients in labor, and served in a supervisory role, instructing the other nurses in the art of caring for patients in labor.

In this expanded project, we now have data on 250

more patients who have delivered since August 1948. We know that we have achieved the desired end in almost 90 per cent of these patients—87 per cent have been fully conscious at delivery, 92 per cent of all deliveries have been spontaneous, while the operative incidence was about 8 per cent.

Questionnaires were carefully prepared, and the majority of mothers have not hesitated to express their opinions. Their remarks have been most helpful in guiding our curriculum in the classes and in our approach to patients in labor. We have learned much concerning the general emotional reactions and mental processes of parturient women.

The mothers are almost uniformly in agreement that they have derived great benefit from the lectures. Many have readily admitted that they had not realized how little they knew about having a baby.

Support by the Patient Herself

It is our belief that the most important aspect of the whole program is the support given the patient during labor. This is characterized by sympathetic understanding of the psychic and somatic needs of the individual patient and an attempt to satisfy these needs. This support best begins in the preparation of the patient for labor by teaching her what to expect physically, mentally and emotionally. This instruction must be reinforced during labor. It is given by the nurse who is in constant attendance and by the doctor in frequent visits to the patient.

The physical aspects of support consist of aiding the patient in relaxation techniques, massaging the back during contractions, and doing all those simple but vital things which have been the province of the nurse since the time of Florence Nightingale.

Mental and emotional support is founded in the sympathetic, calm and confident approach of the doctor and nurse to the patient. The purposes and findings of the various examinations and procedures are frankly discussed with her. It is gratifying to note the effect on the patient when the position of the baby is explained to her and she is permitted to listen to the fetal heart.

As the labor progresses the mother is kept informed of the degree of cervical dilatation. If she is told what to expect in advance of the actual occurrence, she is much more apt to maintain her control. During the second stage the patient is offered the opportunity to watch the delivery in a mirror; whether she avails herself of this opportunity or not, she is kept informed of the progress of events by a running

verbal account given by the physician. She is always reminded that anesthesia is available for her immediate use at any time she wants it. Above all, she is constantly reassured as to the normality of the labor and her reaction to it. This is extremely important as most patients need to be told that they are doing well. The guiding principle in offering both physical and psychological support is that every patient is and should be treated as an individual.

The exact role of the doctor and nurse cannot be defined because they are mutually interdependent. It is essential that the doctor be present at the critical periods of the labor, when the patient is under the greatest stress even though at these times he can do no more than to reassure her. It is obvious that most busy doctors cannot attend the entire labor of every patient. A competent, understanding nurse is therefore invaluable in supporting the patient when the doctor cannot be present. Such a nurse can derive great satisfaction from the realization that her abilities are essential in furthering relaxation. This type of service is much more rewarding in personal satisfaction than the usual routine duties of an obstetrical nurse who often does no more than administer scheduled drugs and see that the patient does herself no harm. As one of our patients put it, "the nurse serves as a kind of link between the doctor and the patient and the services of each are essential."

Unconscious Anxiety

If there is a common factor which determines success or failure that factor is anxiety. There is a large amount of anxiety centered on childbirth in every woman. Since this anxiety is mainly unconscious, the patients themselves are often not aware of it. This unconscious anxiety is often not within reach of our indoctrination program. Patients with a great deal of unconscious anxiety which does not respond to treatment are often best delivered while asleep. However, for all women the effort to allay anxiety is well worthwhile. There is nothing to lose and everything to gain by preparing all women for childbirth and supporting them while they are having their babies.

One important way to help in allaying anxiety is to encourage the husbands' presence in the labor room. With a little instruction, they become back-rubbers of surpassing excellence. Numbers of women have expressed their gratitude for the simple fact that their husbands were there. After all the husband has a vital interest in the birth of his baby and his relegation to an impersonal waiting room is a complete denial of this interest.

The impact of natural childbirth is manifest not only in the mothers but also in the medical and nursing staffs who have found that there is a great deal of personal satisfaction in lending support to mothers in labor, and the students, both medical and nursing, become uniformly enthusiastic.

There are several misconceptions about natural childbirth which need to be corrected. One common belief is that it is painless childbirth. Only about 2 per cent of our patients have found that it is completely painless and these were completely relaxed and apparently without anxiety. The majority of our patients state that they do feel some pain, which they are quite willing to tolerate in view of the exaltation accompanying conscious delivery.

Are Drugs Used?

Another misconception is the belief that natural childbirth prohibits the use of any drugs. Only 35 per cent of our 400 patients were delivered with no analgesia or anesthesia whatsoever. Approximately 52 per cent of the remainder had small doses of demerol, or nitrous oxide inhalations with contractions, or both. Only 12 per cent had enough analgesia or anesthesia to be completely unconscious. The mothers are instructed to ask for drugs if they feel the need of them and we have found that little more than half do need minimal amounts.

The third mistaken belief is that the exercises in themselves will enable women to have natural childbirth. Many women write requesting the exercises for "painless childbirth" and few seem to realize that proficiency in doing the exercises alone is not enough. There is the very real danger that women who do not receive support will find the exercises alone of little help and consequently will condemn the entire method.

Our experience has led us to the following conclusions: Natural childbirth is feasible in a teaching ward service. It is now well past the initial study phase and its general applicability as well as its desirability have been amply demonstrated. The enthusiasm of our patients and the widespread interest of women everywhere seem to indicate the need for its adoption by other teaching centers in order that doctors in active practice as well as future doctors and nurses may become familiar with its use. When this occurs, there is little doubt that many of the answers to questions still unanswered will be rapidly forthcoming and the opportunity to have babies happily as well as safely will be vouchsafed to all mothers.

CAN MENTAL HYGIENE BOOKS IMPROVE MENTAL HEALTH?

(Continued from page 40)

tional side of human experience, and may touch off a chain of feelings in the reader that goes deep into his personality make-up. The more mature the reader is, the more he will pick from his reading the part of the content he needs to build himself up in one way or another and the more he is apt to distort what he reads to fit his own emotional needs. It would appear, then, that mental hygiene material is most needed by those readers who are least able to profit by it. It is unrealistic therefore to hope that such material will change the attitude of disturbed or severely neurotic individuals.

Second, many readers are looking for specific answers that they are not likely to find. Advertisements of books play upon the hopes and optimism and desperation of people who, impressed by the magic of the printed word, look to find within the covers of a book the key to their conflicts and confusions. The tremendous sale of *Peace of Mind*, by Joshua Loth Liebman,²⁰ for example, reflects this widespread need for guidance and comfort. The books themselves, if like Dr. Liebman's they are honest, hold out no promises of easy solutions. They try to give an understanding of general principles of human behavior, but offer no magic formula. Along different lines, the spectacular success of the already famous Kinsey report²¹ is an interesting commentary on what seems to be the public need to grasp at anything that has to do with sex.

Third, there is frequently a sharp gap between knowledge held only as an intellectual concept and real insight, in which ideas and feelings are integrated. Everyone has probably had the experience, which comes almost as a revelation, of seeing with a new floodlight of understanding something which he thought he had understood before. This happens in psychoanalytic treatment; it also happens, fortunately, under situations in everyday life when the normal processes of growth have brought an individual to a new level of maturity. Books also can furnish this experience, but the growth and maturing which makes such understanding possible cannot be forced.

Possible Dangers

The content of some of the material presented to the public first through books and secondarily through other means of education, has had certain

dangers. It has tended to increase the general "free floating" anxiety so characteristic of many parents today. The reasons for this anxiety are complex. The uncertainties and overwhelming hazards of the civilized world surely contribute to this anxiety. Lack of preparation for parenthood, both intellectually and emotionally, also plays a part. It is a strange anomaly in our culture that on the one hand parents are given no training for the job of bringing up a family, and yet on the other hand have it dinned into them that they—and they alone—are responsible for the mental as well as physical health of their children. The slogan "Behind every problem child there is a problem parent" has become almost a witch-hunting weapon in the hands of aggressive educators and case workers, who are looking for some place to lay the blame. Again, we have an oversimplification of a truth; again, in stressing a significant, constructive idea, the pendulum has swung too far, and the value of the idea has miscarried. Many parents, especially in certain middle-class groups in America, have become so burdened with guilt for whatever they see in their children that they are often afraid to take any positive stand. In their anxiety they may swing from passive acceptance of anything the child may do to frantic methods of repression when the child's behavior becomes too threatening.

Mental hygiene literature has, of course, recognized that additional factors other than parents are involved. On the dust-cover of Dr. Saul's book *Emotional Maturity* there is this quotation: "There Are No Problem Children, Only Problem Environments and Parents." This, at least, spreads the blame, and takes into account social and economic pressures, illnesses, accidents, traumatic experiences of one sort or another that descend on some families in unavoidable combinations of circumstances. But is it fair to insist that there are no constitutional predispositions toward neurosis? And what of those children who seem to be born difficult, with basic personality deviations that are being increasingly diagnosed as those of childhood schizophrenia? Since in these cases there seems to be a real possibility of constitutional factors, why should parents be made to feel that through their handling of these children, they themselves have been at fault?

In these and many other ways mental hygiene literature arouses or stimulates parental anxieties. Sometimes parents are upset because their children do not fit in every detail into the picture of the so-called average child. Sometimes they pick out one aspect of their child's behavior, such as thumbsucking at the age of two, let us say, and read all kinds of sinister

meanings into it. On the other hand, sometimes they are too reassured by the books they read, and dismiss all difficult behavior of children as "phases" that will pass. These interpretations are sometimes based on an incomplete presentation in the printed material, sometimes on the reader's own misunderstanding of what he has read. In either case, these ideas can frequently be clarified in discussion groups, where the leader has an opportunity to bring in additional material to broaden the base of understanding.

In general, not nearly enough has been written to encourage parents to seek professional guidance in evaluating and meeting their own and their children's problems. For this reason, a new chapter was added to the 1947 revision of *Parents' Questions*,²² a book by the staff of the Child Study Association of America, originally published in 1936. This chapter, entitled "What Is a Problem Child?" outlined some simple criteria for evaluating children's disturbances and discussed the role of guidance and counseling as an essential service to parents and children.

The books which in this writer's opinion most effectively give new insight into human behavior are those that meet the following three conditions:

First, they must be based on wide, universal experience, so that they can meet the reader on familiar ground from which he can then go forward into new territory. Interpreting familiar material in a new and deeper way, or combining parts of familiar material in new relationships sometimes bridges the gap between superficial verbal knowledge and real insight.

Second, when the new material is so significant and absorbing that it causes a reader to forget himself, it helps him to bypass his own insecurities and in some cases his emotional "set." In reacting to this new knowledge and making it part of himself, he often gains new confidence and grows to a new level of understanding.

Third, books—like counselors—must carry with them a tone of competence and maturity to justify the confidence of the reader, and to make it possible for him to identify with the author. Books that scold or frighten the reader or that make light of the fundamental problems of human beings do not offer a favorable emotional atmosphere for the reader's growth. This does not mean, however, that these books must be grim and humorless. Sometimes they are most effective when they are written with sympathetic humor, showing the author's awareness of the weaknesses and strengths of people of all kinds.

A Common Sense Book of Baby and Child Care, by Benjamin Spock, is an outstanding example of a

mental hygiene book at its best. In discussing the practical aspects of everyday care of children, it presents at the same time but without technical language, the most important findings of psychiatric pediatrics. What emerges is a vivid, rich awareness of children's basic needs and of parents' response to these needs, colored by the rare flavor of the author's warmth and understanding. The book appeared simultaneously in two forms, the usual trade edition and an inexpensive edition with the same content, the *Pocket Book of Baby and Child Care*. As a result, it has sold well over a million copies to date. That such a book turns out to be a best seller is most significant.

There are, of course, many other valuable mental hygiene books both for the reader as an individual and for the reader as a parent. The distinction between the two is actually rather an arbitrary one, for in enriching his understanding of his role as a parent, the individual gains also as a person, while attaining greater maturity through new insight into his own problems will surely result in fulfilling more adequately his role as parent.

¹ The most popular of these was *Psychological Care of Infant and Child*, by John B. Watson, Norton, 1928.

² *Infant and Child in the Culture of Today*, by Arnold Gesell, M.D., and Frances S. Ilg, M.D., Harper, 1943.

³ *Babies Are Human Beings*, by C. Anderson Aldrich, M.D., and Mary M. Aldrich, Macmillan, 1938.

⁴ *The Parents' Manual*, by Anna W. M. Wolf, Simon and Schuster, 1941.

⁵ *The Nursery Years*, by Susan Isaacs, Vanguard, 1937.

⁶ *A Common Sense Book of Baby and Child Care*, by Benjamin Spock, M.D., Duell, Sloan and Pearce, 1946.

⁷ *The Happy Family*, by John Levy, M.D., and Ruth Monroe, Knopf, 1938.

⁸ *We, the Parents*, by Sidonie M. Gruenberg, rev. ed., Harper, 1948.

⁹ *Personal Problems of Everyday Life*, by Lee E. Travis and Dorothy W. Baruch, Appleton-Century, 1941.

¹⁰ *The Substance of Mental Health*, by George H. Preston, M.D., Farrar and Rinehart, 1943.

¹¹ *From the South Sea*, by Margaret Mead, Morrow, 1939.

¹² *Personality and the Cultural Pattern*, James S. Plant, M.D., Commonwealth Fund, 1937.

¹³ *Father of the Man*, by W. Allison Davis and Robert J. Havighurst, Houghton Mifflin, 1947.

¹⁴ *The Human Mind*, by Karl A. Menninger, M.D., Knopf, 3rd ed., 1945.

¹⁵ *Love Against Hate*, by Karl A. Menninger, M.D., Harcourt, Brace, 1942.

¹⁶ *Discovering Ourselves*, by Edward A. Strecker, M.D., and Kenneth E. Appel, M.D., Macmillan, rev. ed., 1943.

¹⁷ *Emotional Maturity*, by Leon J. Saul, M.D., Lippincott, 1947.

¹⁸ *The Doctor's Job*, by Carl Binger, M.D., Norton, 1945.

¹⁹ A comprehensive bibliography chosen from books of the past twenty years, "The Child, The Family and The Community," was prepared in 1947 by the Bibliography Committee of the Child Study Association of America. These books were selected because of their positive contribution to a sound mental hygiene program.

²⁰ *Peace of Mind*, by Joshua Loth Liebman, Simon and Schuster, 1945.

²¹ *Sexual Behavior in the Human Male*, by Alfred C. Kinsey and others, Saunders, 1948.

²² *Parents' Questions*, by the Staff of the Child Study Association of America, Harper, rev. ed., 1947.

PROBLEMS PARENTS CAN PREVENT

(Continued from page 38)

and feelings. They constitute for him sins far greater than anything he could actually do. His crimes in fantasy have a daring and scope which terrify him far more than anything that he could do in reality. Consequently it is never enough merely to guide a child's overt behavior; the secret guilts and fears over his silent thoughts and unexpressed feelings must also be brought to the surface. The child must be given the right to explore his own feelings without any sense that it is sinful or dangerous to feel primitive rage or primitive lust. This applies in the relationship of the child to brothers, sisters, playmates and parents. He must be helped to accept the fact that all of the basic family ties are invested simultaneously with passionate love and passionate hatred; and he must be given the freedom to feel both.

A little girl of six once attempted to strike her older brother on the head with a hammer. She was picked up by her father and carried quietly into another room, where they sat down and faced each other without a word. Thereupon she turned on her father with the same wild rage and tried to strike him and kick him and bite him. Again she was held quietly at arm's length. When he let her go, she turned on herself and tried to tear her own hair, to scratch her skin, to rip her dress. Again she was held for a few moments in silence and then released. This time she turned in lessening fury on her toys and books and dolls. This time as her father held her she no longer struggled; so he said quietly, "It's all right to feel angry. Everybody does. Everyone gets so mad that they want to kill someone. That's all right. But there are some things that we can't let ourselves do. We can't hit people with hammers. We can't injure ourselves. We can't destroy our belongings." Then he set her down and she looked at him and said just as quietly, "That's funny. I thought you'd let me." Here was a lesson in control through firmness and love, which did not fill the child's mind either with terror or with shame or with guilt; no terror of her own destroying rage, no terror of an angry, punitive adult, and no sense of shame or guilt. Instead, the father whom she loved had lifted from her shoulders the burden of guilt about her natural rage. This is the beginning of preventive psychiatry.

Similarly the child must be helped to tolerate freely and consciously all of his manifold interests in his own body and in the bodies of others, and again without fear or shame. He must be helped to accept and

express his curiosity about bodies, about differences in size, about differences in genitals, about body products and apertures and tastes and smells. Here again, as in the expression of rage, the right to act is something which must be limited lest the child become overburdened with his own feelings of guilt: but the right to think and to feel about the body must remain inviolate.

An adequate educational program to prepare for parenthood would include several things:

(1) Prospective parents should be trained to see themselves honestly and with humility. They should be trained to look at their own emotional problems, and at the subtle play of compulsive, obligatory and phobic patterns in their daily living. They should be trained to watch for the effects of their own unresolved neurotic difficulties on growing children. Even if they cannot change themselves, they can at least be aware of those trends which would be most likely to be injurious to children. In some measure being forewarned would safeguard children against the harm that we do to them.

Paradoxical though it may seem, it often is easier for a parent who has a frank and outspoken neurosis to protect his child from it than for a parent whose neurotic difficulties are subtly disguised and concealed. This is because the adult with an outspoken neurosis suffers from it himself, and is therefore usually willing to acknowledge it and to do anything in the world to protect his child from it; whereas the adult whose neurosis is subtly disguised usually refuses to acknowledge that he has a neurosis at all, and defends it as being his own and a better way of life, and consequently tends regularly to inflict it on his child. This is one of those strange situations in which the less disturbed parent may do more harm than the one who is more disturbed. This is why it is sometimes true that a vigorous and productive and successful parent whose deep neurotic anger energizes his whole work-life, may have a more upsetting influence on his children than a parent who is much less effective in the outside world and who suffers from overt depressions or outspoken phobias or compulsions, and who therefore makes no bones about admitting to his children that these are neurotic difficulties from which he wishes to spare them.

(2) Before undertaking the responsibility of parenthood, adults could be trained to understand something about how infants and children communicate their thoughts and feelings and needs and purposes, their conflicts and pains. The language of childhood

continuously evolves and changes. It consists of expression, sound, gesture and action long before organized speech occurs; and speech itself does not mean to the child the same things that it means in adult life. With the proper use of educational films and discussion groups the non-verbal means of understanding the child and of communicating with him could be taught even to average parents.

(3) Adults could be trained how to talk to children, and to sense what children understand and also what they misunderstand from what adults say and do to them. In other words, we can be trained to realize the highly complex and symbolic nature of the language process as it evolves slowly toward clarity. If in this way means of communication and of mutual understanding could be established between adult and child, a great deal of that which now is buried in unconscious processes could be brought to the surface for healthy ventilation.

(4) The adult could be taught to understand and to anticipate the emotional development and many of the problems of childhood. Here again educational films and discussion groups would be of far greater value than texts or lectures.

Through these various devices it seems that even without waiting for a millenium in which all parents will be wholly free from neurosis, it should be possible gradually to lessen the impact of their neurotic difficulties on their children. An adult who is trained to be honest about his own personality, honest about the atmosphere of the home which he has made and how it affects the child, who understands to what extent the child assumes guilt for everything that happens in the home, can help the child to make his feelings articulate and thus to correct them. However, this requires that we face ourselves, that where necessary we seek outside help, and above all that we maintain open communication with infant and child, communication which means special training in the meaning of speech in all forms at different stages of child development.

Again this implies that we will have adults who understand far more about their own emotional development than most people do today. They will understand the dangers and frustrations of the physical world in which the child lives, the right of the child to feel even when he cannot act, the right of the child to explore his own aggressive and lustful impulses without guilt or shame in relationship to siblings and playmates. They will understand the right of a child to his fantasies; and they will be able to appreciate

the significance of these fantasies, and so to keep open constantly this avenue of contact between conscious and unconscious levels of the personality. The goal is not the elimination of problems, nor the elimination of conflict, but rather to enable the child to live out his difficulties in the full light of consciousness.

NOTE: Reprint by permission from the Connecticut Society for Mental Hygiene. Extra copies of this article, in its original form, entitled "The Future of Preventive Psychiatry," may be obtained for ten cents each from the Connecticut Society for Mental Hygiene, 152 Temple Street, New Haven 10, Connecticut.

BOOK REVIEWS

(Continued from page 50)

Dr. Menninger points out, were clearly shown in Army experience, and these must be altered if the needed revisions are to be accomplished. Numerous possibilities are outlined for further integrating psychiatry into our social structure and many social issues are examined frankly, realistically and with constructive insight. The summation of Dr. Menninger's third Cornell lecture, a positive result of the psychiatric insight presented in these three books offers a vital challenge:

"If ever we are to make serious and extensive reforms in our social order it will only be because groups of us can develop a social consciousness that eclipses our personal wishes . . . and identify ourselves sufficiently closely with the group to forego our individualism." It is all the more surprising, therefore, that in this same book, discussing the proposed legislation for the much-needed improvement of America's medical care facilities, the author of this uncompromising challenge echoes the confusing statements of "organized medicine."

Dr. Menninger expresses the hope that a strong international psychiatric body will be created to participate actively in the program of the World Health Organization. Since the writing of *Psychiatry in a Troubled World*, the International Congress on Mental Health has met in London and significant first steps have been taken along the lines he indicates. Many of the problems raised in these books by Dr. Menninger were considered in London. In the discussions at these meetings the emphasis given to the modifiability of human behavior and of social institutions through human contacts bodes well for future progress.

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NURSERY SCHOOL EDUCATION

(Continued from page 36)

or deportation of their parents. Others had lost their homes temporarily owing to the bombing of their living quarters, or the evacuation from the big cities, the billeting with strangers, or other reasons. Many children received only very limited home care owing to the war service of their parents, the mobilization of women for the war industries, the conditions of camp life, and so on. These circumstances led to an enormous increase in the numbers of day nurseries, residential nurseries and children's homes and thus created unprecedented opportunities for studying and evaluating the beneficial as well as the harmful effects of early community life.

In England, those who were responsible for the planning and organizing of the war nurseries realized soon that these establishments were difficult to run and that more thought, energy and money had to be spent on them than on their peacetime counterparts. The reasons for this were not difficult to find. The children who lived in the residential nursery homes which had been established outside the danger zones of the big cities, though not orphans, were virtually in the state of being orphaned. Owing to war conditions they saw their parents so rarely and at such long intervals that their ties to the family could not be kept alive. But the children who lived at home and populated the day nurseries gradually shifted the center of their lives from the family to the children's communities. They spent nearly all their waking hours away from home. Besides, the homes had lost most of the qualities which are of significance for a child's life. Fathers were absent, any privacy was disturbed by the necessity for communal shelter sleeping, the mothers themselves were too busy, harassed and tired to have much to offer to the child. Under these circumstances the children depended on their nurseries for the fulfilment of nearly all their needs: for their safety, their food, the regularity and hygiene of their lives, their medical care, frequently for their clothing; for their afternoon sleep, their daily walks and exercise, their outings and holidays, their treats, their birthdays and Christmas parties; for stimulation and satisfaction of their interests and affections no less than for their occupation and the development of their abilities. The nursery was responsible for the development of their relationships with adults and other children and, therefore, for the first picture in their mind of a friendly or hostile, gratifying or frustrating outer world.

Under normal conditions, nurseries had always been considered as extensions of the home. It was their function to provide space where homes were overcrowded, safety where kitchens and streets were dangerous playgrounds, toys to be handled where family possessions had to be respected, attention from the teachers where mothers were unable to give it to the same extent and playmates where the family was small. Under the abnormal conditions described above, the nurseries suddenly were expected to provide full substitute for the home life which was lacking. The efforts to fulfil this demand which were made on the part of the teachers and organizers demonstrated convincingly what the possibilities and limitations of nursery care are, and where the conditions of group existence cease to be helpful in fulfilling the child's needs and become detrimental to his development.

We take from psychoanalytic child-psychology our orientation concerning the role played in the child's life by his needs and the forms of their fulfilment. The child, who begins life as a self-centered, egoistic being, takes notice of the outside world owing to the pressure of his wishes. This process begins with the big body needs for food, warmth and comfort. Where the mother gives nourishment and care, she becomes important to the infant as a source of satisfaction. The same relationship is emphasized over and over again concerning the subsequent wishes which arise from the child's instinctive urges: sex and aggression. The child looks for the satisfactions demanded by the excitations of the mouth zone, by the surface of his skin, by the region around the anus which is stimulated by the process of defecation and the exigencies of toilet training. The child wants to be fondled and caressed; to possess somebody and feel himself owned and appreciated. He needs outlets for his inquisitiveness, his sexual curiosity and his wish to be admired; equally for his hates, his destructiveness and his angry outbursts. A small proportion of these needs can be fulfilled on the child's own body; such processes of self-gratification uphold and strengthen his self-centeredness. But since the larger part of them looks to the person of the mother for fulfilment, gratification of these needs, or the struggle for it, serves to tie the child more and more securely to the environment. The mother, as the first and foremost source of satisfaction becomes the focal point on which the child's emotional life is concentrated. Guided by the experiences of wish-fulfilment, the young child gradually changes his self-love for the love of others.

To return to the question of nursery care: the

wartime crèches and nurseries did not err on the side of withholding bodily care and satisfaction from their charges. Their equipment, such as facilities for comfortable baths, washing, potting and sleeping, far surpassed what is normally at the disposal of the working class mother. Their feeding methods were meticulous and no shortages were allowed to interfere with nursery supplies. But the satisfaction given to the child's body were divorced from the simultaneous happenings in his emotions which we described above. The care was given by the staff on duty, *i.e.*, by changing figures, a rota of nurses who had too many individuals under their care to give more than practical, skillful, mechanical handling, devoid of the interplay of feeling which normally takes place between mother and infant during bath, dressing and feeding time. The emotions of the children which reached out toward the people on whom they depended for the satisfaction of their needs found no steady, unchanging object with whom they could become familiar in an otherwise strange world, to whom they could safely attach their outgoing emotions and feel an answering flow of emotion in return. The children thrived in body, were often "a picture of health"; but these satisfactory processes in the realm of the body did not have the normal repercussions on the realm of the mind. Many of these children remained self-centered, withdrawn, lacking in interest for their environment, *i.e.*, asocial.

Considerations of this kind, when applied to the whole of the nursery work, provided the key to the understanding of its apparently haphazard positive and negative results. The nurseries had their successes where progress in the child's development was not primarily dependent on the emotional relationships, but on impersonal factors such as space, opportunity, adequate material. The motor development of the child, for example, which is of immense importance in his second year of life, is largely influenced by external factors of this kind. Where nurseries understood the position and gave the toddlers the necessary safe space and let them move freely in it, they learned to walk, run, jump and climb, to use their hands for carrying and fetching, eating and dressing much earlier than they usually do under the cramped living conditions of the average family. The same applied to the children's various skills which developed surprisingly owing to the nursery occupations and the play material. The nurseries even triumphed over family upbringing in realms where the relationship to the mother frequently acts as a disturbing, complicating factor as, for example, in the

feeding of the toddler. Children of this age transfer their conflicts with the mother to the food given by her and refuse to eat whenever their hostile, aggressive feelings against her gain the upper hand. Their feeding proceeds more smoothly when it is carried out impersonally and unemotionally, in the absence of the mother.

On the other hand, the nurseries had their failures when dealing with those achievements of the child which are normally inseparable from an emotional, interpersonal relationship, such as speech and toilet training. The child's first speech is acquired in imitation of the mother and as the means of intimate contact with her. Toilet training, where it is more than the conditioned reflex which can be automatically perfected in the first months of life, is acquired in intimate interaction with the mother, as a sacrifice which the child makes on her behalf, to earn her praise, etc. Speech as well as toilet training, therefore, were achieved later under nursery conditions. In certain cases it was even impossible to achieve while the child lived in his group; the respective steps in development were not taken until the child, owing perhaps to the chance occurrence of an infectious disease, lived an isolated life with a single adult which gave him the opportunity to form a personal attachment.

Children who fail in early childhood to make the normal progress from self-love to love for the mother, are invariably affected in their character-development and in their social adaptation. The child's attachment normally progresses from the mother to the father and gradually includes all members of the family. The child then lives through a series of conflicting emotions concerning the parents which reach their climax when he desires the parent of the opposite sex as his partner and finds himself in acute rivalry with the parent of the same sex. It is on the basis of this so-called Oedipus complex that the child identifies himself with his parents, takes over many of their qualities and ideas, controls and transforms his own sexual and aggressive drives to become more like them, forms his character and achieves his social adjustment.

The hopes were not fulfilled that group life in a children's community would in itself serve to socialize the individual where the attachment to the mother and the family was lacking. A group of toddlers is, after all, a community of savages. So far as the children are left to themselves, might goes for right, aggressions clash with each other and war is waged unceasingly for the possession of the newest toys and

for the attention of the adult. What young children acquire under such conditions of life are modes of attack, defense and escape, the habits of giving in to the superior strength of another individual or skill in avoiding unpleasantness by devices of sharing. But there is a great difference between such superficial, strictly utilitarian attitudes which are produced by the need of the moment and the laborious, deep-reaching processes of character formation which produce qualities such as courage, generosity, self-sacrifice, pity, shame, etc. The latter are rooted exclusively in the love for the parents and in the child's identification with them.

It seems a far cry from the deprived children of European war years to the average American mother and her questions concerning the right moment for placing her child in a nursery community. But in spite of different external circumstances, the knowledge gained under war conditions is fully applicable to the peacetime problem. On the basis of the objective criteria outlined above, it is possible to assess whether or not, when and in which ways a given child will benefit from nursery life.

Nurseries are certainly not the remedy for all ills in a child's development and cannot replace the elements essential for the upbringing of children where these are lacking in the family. Nurseries have their own field of work and are out of their depth when expected to do for the child what lies in the province of the mother. To recognize such limitations will spare mothers, nurses and teachers much disappointment, disillusionment, and misplaced effort.

If mothers are unable for some reason or other to give their young infant all-day care, they have to seek the assistance of a crèche where the child will be fed and nursed during daytime. In such instances they should realize clearly that what the child receives at the crèche is bodily care and nothing more, even if given lovingly and tenderly. No young infant can build up his personal attachments unless the scenes, the faces and the ways of being handled remain stable and unchanging.

If infants are insecure and lacking in response owing to a basic weakness in their first attachment to the mother, they will not gain confidence from being sent to a nursery group. Such deficiencies need attention from a single adult and are aggravated, not relieved, by the strain of group life.

Children should not be sent to nursery school immediately after the birth of a new baby in the family.

Such action confirms their phantasies that they are pushed out to make room for the newcomer.

A nursery is not the place where delay in speech development can be corrected, even if the child is placed in a community of children who speak well. A child's poor speaking ability will rather deteriorate than improve under the added strain.

Feeding difficulties of the toddler and young child disappear frequently when meals are taken in the nursery group. Many children eat big nursery meals without difficulty while they have to be coaxed or urged to eat at home.

Nurseries have their best results when they do not duplicate the educational efforts made at home but extend or supplement them. Where home life is free and easy, the child will benefit from directed occupation and the orderly routine of a nursery day. Where the child's life at home is regimented and devoid of outlets, only the opportunity for free, undirected play activity in the nursery will be beneficial. Educational toys and working material in the nursery will be most useful to those children who lack toys at home; free movement and outdoor activities to those who live under cramped conditions.

If a young child has formed satisfactory relationships within his own family, he has no need for a mother substitute in the nursery. The nursery worker will be of more value to such a child if she assumes the attitude of the teacher who guides and inspires the child without offering direct gratification for his wishes.

Children of nursery age do not enjoy playmates and do not adapt well to group life unless their relations to the parents have developed normally. Only those who are completely deprived of a family life turn the full range of their affections directly to children of their own age. This aspect of the child's emotional life is of special importance for those nurseries which serve maladjusted children and have set themselves a therapeutic task. At later stages of development (latency period, adolescence) group life itself can be a therapeutic factor. In the nurseries the remedial work is carried out largely around the person of the nurse or teacher who offers herself to the child as a mother substitute. The child improves primarily in contact with the adult; secondarily he achieves his adjustment to the group.

To achieve therapeutic effects in the nursery, the group has to be kept small. No woman can assume the role of mother substitute for more than a very limited number of infants or young children.

PSYCHIATRIC CONTRIBUTIONS

(Continued from page 42)

of serious shortages in such fields as psychiatry and psychiatric social work, it is possible even today for many schools to get invaluable assistance from these fields, providing they choose their help carefully and use it wisely. In every case where such people are employed, a primary requisite is that they be suited by training, professional competence and personality, for the *specific* tasks which are going to be assigned to them. If these principles of quality of personnel and specificity of training are kept in mind, then different school systems might begin the integration of psychiatric skills into their educational processes in very different ways. One might begin with the employment of school social workers, another with the use of a consulting child psychiatrist, a third with a reorganization of its psychology department, etc. For the sake of sound long-term planning it must always be kept in mind which of the system's psychiatric needs are being met by personnel already employed, and which remain to be met by future personnel additions. Lack of clarity on this point can be very disastrous. For instance, far too many school systems have gone on for years, satisfied that they are receiving adequate service from departments of psychology which really were in no way equipped to safeguard the emotional development of the children they were supposed to serve. Although some have been able to give this kind of service, very many have limited their contribution to a measurement of the intellectual capacity either of the entire school population, or of individual children with educational problems. Sometimes this limitation of service has been due to the psychologists' own shortcoming, sometimes to limitations imposed by the administration. In any case there is no quarrel with intelligence-testing, so long as it does not presume to discharge the school's broader responsibilities for the emotional welfare of its children.

School Guidance Departments

In more recent years many schools have organized guidance departments which ought to fill this need I have just spoken of. Some of them have been able to render extremely valuable service and certainly the *principle* behind the creation of such guidance departments is one which must be wholeheartedly endorsed from the psychiatric point of view. However, here again certain unhealthy trends have appeared both in the selection of staff and in the nature of operation.

In far too many guidance departments the members of the staff possess neither personal nor professional qualifications for the particular jobs they are undertaking. It is not at all infrequent to run across teachers who have been shifted to this work because of their own growing boredom with the classroom, or because they have been failures in the classroom and the administration has had to find some convenient spot for them. Even where the need for specific training has been recognized, it has too often been thought that a college course or two were sufficient to train an otherwise unprepared teacher for a job of this kind. This gets us back again to the subject of teacher-training and to the importance of giving good instruction in emotional growth and development to all teachers, but more especially to those who are going to specialize in guidance work. Some schools have either employed well-trained social workers or have sent some of their good teachers to schools of social work for extra training before turning over guidance jobs to them. This is a practice which should be encouraged since an incorporation of social-work skills will vastly enrich the guidance field. It will enable guidance departments to be more effective both in discharging intra-school duties and in coordinating school efforts with those of the family and of other community agencies.

Should Schools Employ Psychiatrists?

In my capacity as consultant to community groups interested in clinics, I am often asked whether it is wise for schools to employ psychiatrists or to set up psychiatric clinics. Here again I am certain that there is no universal answer which holds true for all cases. If the psychiatrist or the psychiatric clinic is going to be well-qualified and well-used, then the school or the school system will of course benefit greatly. When I say well used, I mean that the psychiatrist and the other members of his clinic team (psychiatric social worker and psychologist) must be given ample opportunity both to create a healthy emotional atmosphere for the entire school population and to select and treat those more troubled children who are in need of clinical service. Toward this end, the team must receive a degree of cooperation within the school system such as is now impossible in most of our rigid, tradition-bound educational institutions. In order to give the clinical group the opportunity to function most effectively, it is necessary to set it up administratively in such a way that it can exert influence not only upon the handling of selected behavior problems

but upon the entire teaching procedure. This clinical group should be consulted in everything involving school restrictions and school discipline. It should play an important role in such matters as teacher-selection, teacher-placement, in-service training of teachers, and development of newer teaching methods. It should participate in all curriculum planning, especially that which leads to the school's assumption of responsibility for instruction in such matters as sex development, courtship, marriage, the family, etc.

If your community is one which is ready to employ such a clinical team, it would be well for you to use your influence as a citizen and as a parent to see to it that the personnel employed is competent and well-trained. Beyond repeating that psychiatrists vary greatly in their competence and training, and warning that very few in the field are qualified to fulfill the kind of job I sketched above, it would take too long to outline the requirements for such a job. Those who are interested can turn to their local or state mental hygiene societies for assistance in this matter. If you live in a state which does not have such a society, you might well look into the possibilities of creating one, and meanwhile turn to such organizations as The National Committee for Mental Hygiene for this assistance.

The Citizen's Influence

Toward the broader utilization of psychiatry in the schools, the lay citizen is in a position to exert influence upon the kind of teachers his community seeks. He can do it by demanding of his school board that it employ teachers who are qualified by both training and personality for the important job that they are going to perform. To make the school board's job a possible one, he can exert his influence to bring school salaries to a level which is more nearly consistent with that which is being demanded of teachers. If your community is like most others, the only organized pressure upon school boards comes from real estate and commercial groups which are constantly demanding tax reduction, and are thus in effect sending school boards out to do bargain hunting on the vocational market. Your community and others like it must organize equally effective groups which will make it clear that tax reduction is not necessarily the highest blessing, that it is in fact very undesirable when it is achieved at the expense of the emotional welfare of our children. When enough communities have done this kind of thing, then a start will have been made toward establishing the

teaching profession as a desirable one upon the country's vocational market, and only then will we have gotten started toward broad-scale school improvement.

The discussion of psychiatric assistance to school functioning has grown so long because I have taken the opportunity there to discuss some general principles which are equally applicable to other community services. Let me just run over a list of those services toward which psychiatric disciplines have something to contribute. It includes the sum total of the community's health services, its recreational facilities, its welfare services (including both public and private agencies, especially those concerned with children and the family), its churches, and its law enforcement agencies. Just how each of these services will be able to benefit from psychiatric assistance depends upon a variety of factors—among them the nature of the given agency, its effectiveness within its own field, the ability and willingness of its staff to accept psychiatric assistance, and finally the quality of the psychiatric assistance which may be available when the agencies seek it. As a generalization to cover all of these services, I wish to stress what I already indicated in the discussion of the schools, that in no case do I consider psychiatry as able to "do the job better." This is particularly pertinent when we think of the health services. Because of the growing popular awareness of the important role played by the emotional disturbances in health problems, many individuals have jumped to the hasty conclusion that what we really need is to replace a very large proportion of our present physicians with psychiatric specialists. This is a view with which I am in complete disagreement. Even if it were not absolutely impossible to create that number of psychiatrists in a short period of time, such a substitution of psychiatric specialists for other medical practitioners would constitute a disservice toward the community's health. It is very true that much more psychiatry needs to be known and needs to be practiced throughout our health services, but it should be practiced as preventive and "minor psychiatry" by all workers in health services, and not predominantly by psychiatric specialists. Toward this end our present day doctors and nurses, just like our school teachers, need to know a great deal more about the basic facts of emotional health and to incorporate these into their daily practice. To make up for present deficiencies, it is again necessary to fall back upon improved medical and nursing training, in-service training, and the broadest possible use of consultation from all the psychiatric disciplines. Since we are here interested in

children, we must stress that it is particularly pediatricians, pediatric nurses and visiting nurses who must receive this kind of additional training and consultative assistance. Getting back to the problem of how the parent or citizen can help in this matter, I might suggest that parents maintain a sensitivity to the capacities of the pediatricians they employ for their children not only to treat illness, but to assist with the problems of personality development. In their contact with hospitals, particularly if they serve as volunteer workers within those hospitals or upon hospital boards, they should keep in mind the question of whether the pediatric wards and clinics are so organized as to give attention not only to physical care and asepsis, but also to the emotional needs of the children.

I intend omitting any lengthy discussion of the use of psychiatric assistance by special agencies, because it is this field which is best informed on the subject, which has given the greatest amount of thought to it, and which has developed the practice most broadly. I should just like to mention the fact that one finds very frequently a wide discrepancy between public and private social agencies in their utilization of psychiatric assistance. This is usually explained on the basis of economy, but I find the argument fallacious. If psychiatric assistance can serve to improve the quality of a service in the way that we think it can, then it is very poor economy not to employ it. A much more convincing reason to me is the fact that public agencies have too often employed social workers who were not well-trained and who were therefore not in a position to utilize skills from other fields. Here again it is for the citizen to decide whether we want to expose our children to the unskilled manipulations of poorly trained workers, or whether the community is willing to pay the price to employ competent ones.

A discussion of the community's organized efforts toward the achievement of emotional health for its children would be incomplete without some mention of the church. Its place in our culture is such that in a great number of instances it is the pastor who first comes into contact with a family's emotional problems. Given a properly trained pastorate it would be able to deal with many of these problems effectively and without any further assistance. It would also be able to select out those which could not be sufficiently helped through pastoral guidance, but needed other medical or specialized psychiatric care. I should like to stress that in doing this kind of work, a pastor would not be encroaching upon other fields, but

(Continued on page 64)

The Editors' Mail

Dear Editors:

The Fall 1948 issue of *CHILD STUDY* provided the parents of Bethany Day Nursery with a provocative and informative bulletin-board display. Because opportunities for parent-staff meetings and discussions at this Center are limited, the Educational Supervisor at Bethany tries to use the Parents' Bulletin Board for useful, educational displays. *CHILD STUDY*'s issue on "Growing Toward Responsibility" gave us material for a display that was received with enthusiasm by parents, staff and visitors.

Four pages of typewritten material were centered on the bulletin board. Three of these pages contained a condensation, in outline form, of *CHILD STUDY*'s article "Standards for the Nursery Age." The salient points were highlighted by underlining in red ink, and by printing in red block lettering. Any such condensation of an article would, of course, be geared to the level of its audience. We highlighted such general points as: what to expect of the child at the nursery age, what children like, how to develop their likes and abilities into growth toward responsibility, giving examples from our own experiences with children.

The fourth page consisted of a list of the things the children at Bethany do at school to share in responsibility: the routine chores of daily living and the special jobs from which they gain so much satisfaction. Concluding this page were suggestions to the parents of things a child could do at home.

Thanks to the colorful advertising in our women's magazines, our printed material was gayly illustrated. Surrounding our typewritten pages were cheerful pictures of children helping at home, children cleaning pots and pans, lending a hand with the laundry, dusting, sweeping, dressing themselves with ease.

While a bulletin-board display of this type required more work than just tacking up a clipped article, the response it received made it extremely worthwhile.

FRANCES DARE BONOFF
Educational Supervisor

The Bethany Day Nursery, New York

Editors' Note: Mimeographed copies of Miss Bonoff's interesting bulletin-board material will be made available if a sufficient number of readers request them. We should be happy to hear of other uses made of *CHILD STUDY* magazine.

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would be carrying out the duties that have been his for many centuries. It is for that reason that I find myself in disagreement with some aspects of the development of so-called "pastoral therapy." The very use of the term "therapy" indicates a moving over into the medical field, which makes the position of the pastor untenable and which is so completely unnecessary in view of the tremendous job that can be done in his own field. When we consider the position of parents or church members in this connection, we see again that they can, if they are so minded, exert great influence upon the church's contribution toward mental health. In the employment of new pastors, they can give preference to those coming from schools which give proper instruction in this field; in the demands that they make upon those pastors who are already in the community they can see to it that they equip themselves for the rendering of such services, either through extra training or through the proper use of consultation assistance.

There is still much that should be said about how our recreational, law enforcement and correctional efforts can be made sounder and can be made to fit more effectively into the total effort of bringing up healthy and happy children. However, this article is

getting too long and I shall have to leave it to the imagination of the reader to apply the principles discussed above to these other agencies. Before closing, I wish to re-emphasize two points:

1. The psychiatric disciplines are in a position to give effective assistance to all the more important community efforts dealing with service to children.
2. The manner in which the community utilizes this psychiatric assistance depends very largely upon the interest and initiative of lay individuals and lay groups.

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